

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32500

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City.....St. Louis
 (e) Length of residence in city or town where death occurred 75 yrs. mos. ds.

Registration District No. 791Primary Registration District No. 1003Registered No. 8554

(d) Street No. 5911a Lotus Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phillippine Neuroth

(a) Residence, No. 5911a Lotus Ave. St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Neuroth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23rd, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
75 4 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Henry Schwartz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. A. East
5911a Lotus Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Sept. 13th, 37

19. FUNERAL DIRECTOR (ADDRESS) Drehermann Funeral
1905 Union Blvd.

20. FILE SEP 11 1937 J. H. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10th, 1937

22. I HEREBY CERTIFY, That June 5, 37 attended deceased from Sept 10, 1937
 First saw him live on Sept 10, 37, 1937. Death is said

to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver Date of onset May 19, 37

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Chronic alcoholism, M. D.
 (Signed) Walter Bede
 (Address) Walter Bede

STATEMENT BY LICENSED EMBALMER

I, Elmer C. Drehmann, Licensed Embalmer No. 3690

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Elmer D. Drehmann

L. E.

No. 3690 or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Elmer C. Drehmann

Licensed Embalmer No. 3690

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)