

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38719
Do not use this space

NOV 23 1937

1. PLACE OF DEATH

(a) County St Louis Registration District No. 333
 (b) Township St Ferdinand Primary Registration District No. 4468
 (c) Ferguson Town (d) Street No. Ferguson mo St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 190

2. PRINT FULL NAME

Louisa O. Block
 (a) Residence, No. Ferguson Mo. St.
 (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
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conrad Block
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1894
 8. AGE YEARS 42 MONTHS 7 DAYS 2 If LESS than 1 day, hrs. or min.
 9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 10. Industry or business in which work was done, as saw mill, bank, etc.
 11. 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) Missouri

FATHER 13. NAME Henry Hameyer

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Luising

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Louisa Block
Ferguson

18. BURIAL, CREMATION, OR REMOVAL PLACE Sea Mo. DATE Oct 26, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wiederhold Funeral Home
1936 St. Louis Ave

20. FILED Oct 25 1937 W. A. Zeitler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1935 to Oct 24, 1937
 last saw him alive on Oct 24, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cardiac Renal disease Date of onset 2

Other contributory causes of importance:
Remedy ASB

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

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? None (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 None

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) James J. Pugh, M. D.
 (Address) 6125 Blarhine

Per. G. Smith (Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Guthrie, Licensed Embalmer No. 3737

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

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Guthrie
Licensed Embalmer No. 3737

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.)