

NOV 23 1937

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

38750

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 780
(b) Township _____ Primary Registration District No. 4469
(c) City Maplewood (d) Street No. _____ Registered No. 52
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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.

2. PRINT FULL NAME

FREDERICK W. PANHORST
(a) Residence, No. 7404 Lyndover Place St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Panhorst
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miller
9. Industry or business in which work was done, as saw mill, bank, etc. Flour Mill
10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lyons Township, Franklin Co., Missouri
13. NAME Frederick Panhorst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover, Germany
15. MAIDEN NAME Johanna Driebel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appel Detmold, Germany
17. INFORMANT (ADDRESS) Mrs. Charles Byers Clark, 7404 Lyndover Pl., Maplewood, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Oct 17th, 1937
19. FUNERAL DIRECTOR (ADDRESS) Wiegand & Witt, Inc., Washington, Mo.
20. FILE NO. 10 19 Pauline Dreterstein Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Oct 13th, 1937.
I last saw him alive on Oct 17th, 1937. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
Date of onset 1/31/36
Other contributory causes of importance: Arteriosclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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 _____
(Signed) Frederick W. Panhorst, M. D.
(Address) 3500 Cambridge Maplewood, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lester N. Vitt, Licensed Embalmer No. 3254

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

L. N. Vitt L. E.

No. 3254 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Lester N. Vitt
Licensed Embalmer No. 3254

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.)