

JAN 10 1938

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

43887  
Do not use this space.

791 2  
1003 1

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. 2353 Menard St. Registered No. 12137 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.

2. PRINT FULL NAME Daniel Denike

(a) Residence, No. 2353 Menard St. St. 23 (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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Denike

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 24-1873.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinest  
9. Industry or business in which work was done, as saw mill, bank, etc. 60  
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) New Jersey

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ora Denike  
2353 Menard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 3rd. 1937

19. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED DEC 31 1937 J. P. Bredbeck  
(Address) 2702 S. Broadway  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec; 29th. 19 37

22. I HEREBY CERTIFY, That I attended deceased from Feb 1937, to Dec 29 1937

I last saw him alive on Dec 29 1937. Death is said to have occurred on the date stated above, at 6.15 P.M.  
The principal cause of death and related causes of importance were as follows:

Hypostatic PNEUMONIA,  
Bronchial  
ARTERIO SCLEROSIS  
Date of onset 17/24/37

Other contributory causes of importance:  
Ch. Hemiplegia caused by old cerebral haemorrhage  
Hyo extension

Name of operation none Date of.....  
What test confirmed diagnosis? Physical exp as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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?.....  
If so, specify.....  
(Signed) L. E. Denike, M. D.  
(Address) 2702 S. Broadway

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.

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STATEMENT BY LICENSED EMBALMER

I, Frank J. Howard, Licensed Embalmer No. 2645

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

..... L. E. ....

No. 2645 or by .....

working under my personal supervision.

Registered Apprentice No. ....

Signed Frank J. Howard

Licensed Embalmer No. 2645

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.)