

FEB 12 1938

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

184  
Do not use this space.

791  
1003

1. PLACE OF DEATH  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City Saint Louis, Missouri. (d) Street No. City Hospital. 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 Walter E. Versen 62.5  
(a) Residence, No. 4742 Dahlia Ave. St. 2 (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 Anna Versen  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9th, 1861.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76      2      22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
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) Marine Illinois.

FATHER 13. NAME August Versen

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Walter L. Versen  
(ADDRESS) 4742 Dahlia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE January 4th, 38

19. FUNERAL DIRECTOR Ziegenhain Bros.  
(ADDRESS) 2623 Cherokee Street.

20. FILED Jan 3 1938  
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1st, 1938  
22. I HEREBY CERTIFY, That I attended deceased from 12/31 /37, 19... to 1/1/38, 19...  
I last saw him alive on 1/1/38, 19... Death is said to have occurred on the date stated above, at 6:05 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate  
5/6  
Pulmonary Edema

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?  
If so, specify (Signed) David Steiner, M. D.  
(Address) City Hospital #1 St. Louis

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, Juddie A. Ziegenhein, Licensed Embalmer No. 2270

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

*Juddie A. Ziegenhein*

Licensed Embalmer No. 2270.

**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.)**