

FEB 16 1938

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

4060
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township 97 Primary Registration District No. _____ Registered No. 263
 (c) City Richmond Heights (d) Street No. 7541 Hiawatha str. 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 3 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 40 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

Rev. Julius W. Varwig 620
 (a) Residence, No. 7541 Hiawatha 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Varwig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month, day, year) Nov. 1937 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER 13. NAME Friederich Varwig 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Caroline Varwig
7541 Hiawatha

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE Dec. 20 1937

19. FUNERAL DIRECTOR (ADDRESS) Wm. Schumacher
3013 Meramec

20. FILED Dec. 19 1937
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from October 4 1937 to December 18 1937
 I last saw him alive on December 18 1937. Death is said to have occurred on the date stated above, at 5:25 a. m.
 The principal cause of death and related causes of importance were as follows:

Cardio-renal Vascular Disease. Date of onset ?

Other contributory causes of importance:
191

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microsc. Was there an autopsy? No.

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) Wm. F. Simon, M. D.
 (Address) 1115 Victor St. - Tel. Grand 0078

STATEMENT BY LICENSED EMBALMER

I, Fred H. Hettig, Licensed Embalmer No. 1534

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

L. E.

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

working under my personal supervision.

Signed Fred H. Hettig

Licensed Embalmer No. 1534

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4060
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Richman Primary Registration District No. 111 Registered No. 263
 (c) City Richmond (d) Street No. _____ 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 Rev. Julius W. Varwig
 (a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 13

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-19 1937 Jan A. Barnett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

1937 to _____, 19

I last saw h. alive on _____, 19 . Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

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? _____

If so, specify

(Signed) Wm F. Simon, M. D.

(Address) 1115 Victor St.

SUPPLEMENTARY

Jan A Barnett - 20

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE

1938

S-0360