

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4852  
Do not use this space.

791  
1003

Registered No. 1497

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. 512 W. Schirmer 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 Henry F.G. Denker 526

(a) Residence, No. 512 W. Schirmer St. 1  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosa</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1, 1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>0</u>
	DAYS <u>8</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Mail Carrier</u>	
	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)	<u>Bremen Germany</u>	
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS)	<u>Fred Denker 512 W. Schirmer</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Missouri Crematory Feb. 12, 1938</u>	
19. FUNERAL DIRECTOR (ADDRESS)	<u>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</u>	
20. FILED	<u>FEB 11 1938 J. F. Budesh</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to Feb. 8, 1938  
 I last saw him live on Feb. 8, 1938 Death is said to have occurred on the date stated above, at 11<sup>00</sup> a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of cervical glands: 2 yrs.  
chronic myocarditis

Other contributory causes of importance:  
chronic myocarditis

Name of operation Clinical Date of .....  
 What test confirmed diagnosis? Clinical Who 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 George A. O'Sullivan M.D.  
 (Signed) George A. O'Sullivan  
 (Address) 427 W. Schirmer

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, George W. Hoffmeister, Licensed Embalmer No. 2426

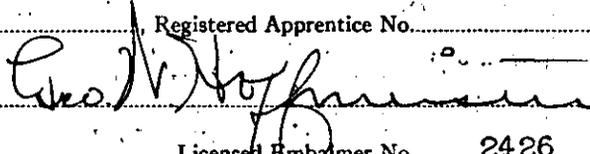
hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.C. Hoffmeister #3871

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

  
Licensed Embalmer No. 2426

**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.)**