

REC'D MAR 24 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
8228  
Do not use this space.

1. PLACE OF DEATH *St Louis*

(a) County *St Louis* Registration District No. *96*

(b) Township ..... Primary Registration District No. .... Registered No. *272*

(c) City *Overland Mo.* (d) Street No. *2703 Ashby Road.* 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 *Samuel H. Wantuck 532*

(a) Residence, No. *2703 Ashby Road.* 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 *Catherine Probster*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 15, 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*48 7 24*

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

9. Industry or business in which work was done, as saw mill, bank, etc. *salesman*

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
*131*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo. 0*

FATHER 13. NAME *Louis Wantuck 6*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 7*

MOTHER 15. MAIDEN NAME *Fannie Epstein*

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

17. INFORMANT (ADDRESS) *Catherine Wantuck 2703 Ashby Road*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Sinai* DATE *2/11/38*

19. FUNERAL DIRECTOR (ADDRESS) *Wayer 4356 Lindell Blvd.*

20. FILED *210* 1938 *T.R. Meyer, M.D. Local Registrar*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 9, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 27, 1934*, to *Feb. 9, 1938*.

I last saw him alive on *Feb. 8, 1938* Death is said to have occurred on the date stated above, at *5-11* m.

The principal cause of death and related causes of importance were as follows:  
*Cerebral Haemorrhage 7/7/38*

Other contributory causes of importance:  
*Ch. Dis. Rept. 7.*

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 *1*

24. Was disease or injury in any way related to occupation of deceased? *Yes*  
 If so, specify: *Cerebral Haemorrhage*  
 (Signed) *C. H. Meyer*, M. D.  
 (Address) *1246-18 Mo. State Bldg.*

STATEMENT BY LICENSED EMBALMER

I, Albert H. Horne, Licensed Embalmer No. 1861

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

*Albert H. Horne*

Licensed Embalmer No. 1861

**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.)**