

RECD APR 11 1938

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

8625
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. John's 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

Henry H. Dustmann 235
(a) Residence, No. **4417 Ashland Ave.** St. **Mo**
(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 **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 **Ida Dustmann**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 6

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

12. BIRTHPLACE (CITY OR TOWN) **Ripley, Tennessee**
(STATE OR COUNTRY)

FATHER 13. NAME **Fred W. Dustmann**

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

MOTHER 15. MAIDEN NAME **Anna Schneider**

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

17. INFORMANT **Mrs. Ida Dustmann**
(ADDRESS) **4417 Ashland Ave.**

18. BURIAL PLACE **New Plover Cemetery** DATE **March 7, 1938**

19. FUNERAL DIRECTOR **Wm. M. Schumacher**
(ADDRESS) **4834 Natural Bridge**

20. FILED **MAR 5 1938** **J. F. Braduch**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 3, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 18, 1938** to **Mar 3, 1938**

I last saw him alive on **Mar 3, 1938**. Death is said to have occurred on the date stated above, at **7:00 A.M.**

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

Carcinoma of the Prostate Gland

Date of onset

Other contributory causes of importance:

Embolic coronary?

Name of operation **Transurethral** Date of **Feb 25**
What test confirmed diagnosis? **Path. section** 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 **Happy Carrell**, M. D.
(Address) **609 Humboldt Pld.**

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, John Fetter Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed John Fetter
Licensed Embalmer No. 3880

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.)