

REC'D APR 11 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
9219
Do not use this space.

1. PLACE OF DEATH

 (a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 4749 Alaska Ave. St. 791
 (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 1003
 (If death occurred in Hospital or Institution, write its name instead of street and number)
Registered No. 28082. PRINT FULL NAME Herman Singer 526
 (a) Residence, No. 4749 Alaska Ave. St. 15 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 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 Holtman Singer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26th 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 0 24

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 - 38
 22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1936, to March 22nd, 1938
 I last saw h. in alive on March 22 - 38 Death is said to have occurred on the date stated above, at 2:20AM
 The principal cause of death and related causes of importance were as follows:

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. driver
 9. Industry or business in which work was done, as saw mill, bank, etc. brewery
 10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation 40

 Date of onset 2 yrs.
Carcinosis of Liver
 Other contributory causes of importance: Chronic Myocarditis 1 1/2
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Delima Was there an autopsy? No.

 FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 13. NAME August Singer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

 MOTHER 15. MAIDEN NAME Johanna Miletz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Ida Singer
(ADDRESS) 4749 Alaska Ave18. BURIAL, CREMATION, OR REMOVAL
PLASt. Paul Churchyard Mar 25 3819. FUNERAL DIRECTOR Henry WeidemueLLer
(ADDRESS) 6203 Gravois Ave.20. FILED MAR 25 1938 J.P. Bredeek
Local Registrar.
 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 Albert Weisbarth M. D.
 (Signed) Albert Weisbarth
 (Address) 3548 S. Grand Bl.

3528 So. Grand
Beaumont

STATEMENT BY LICENSED EMBALMER

I, Ernest L. Gudemann, Licensed Embalmer No. 2693

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 Ernest L. Gudemann
Licensed Embalmer No. 2693

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.)