

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH12887
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City Saint Louis, Missouri. (d) Street No. 2857 Winnebago Street. 2857 Winnebago St.
 (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 Herman C. Dischinger. **252**

(a) Residence, No. 2857 Winnebago Street. St. **24** (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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3rd, 1891.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 0 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk.
 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) Saint Louis, Missouri.
(STATE OR COUNTRY)13. NAME Charles. Dischinger.14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Margaret Green16. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)17. INFORMANT Frank Dischinger,
(ADDRESS) 2857 Winnebago Street.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE April 14th, 193819. FUNERAL DIRECTOR Ziegenhain Bros.
(ADDRESS) 2623 Cherokee Street,20. FILED APR 14 1938
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician.
21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th, 1938.22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Mesenteric Thrombosis;
CONTRIB: Bronchopneumonia.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes23. 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..... See above.
Nature of injury.....24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....(Signed) Alfred Perry
(Address) W. J. Perry, Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Juddie A. Ziegenhein., Licensed Embalmer No. 2270.

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 Juddie A. Ziegenhein
Licensed Embalmer No. 2270.

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.)