

REC'D MAY 6 1938

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

1593A
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784
 (b) Township ST. FERDINAND Primary Registration District No. 200 Registered No. 620
 (c) City (d) Street No. JEFFER & COBURG DR St. St. Louis, Co. 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 ANNIE NEILSTADT 233

(a) Residence, No. JEFFER & COBURG DR St. (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRED NEILSTADT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 19 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSE WORK
 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) ST. LOUIS MO.

FATHER 13. NAME FRANK BEIRKENKAMP

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME LOUIS KRIEGER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMAN

17. INFORMANT (ADDRESS) WILLIAM NEWSTADT
COLUMBIA BOTTOM MO

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS SEM DATE April 7 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HEDRICH F. HOME
8319 HALLS FERRY RD

20. FILED 4-6 1938 J. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1938
 22. I HEREBY CERTIFY, that I attended deceased from April 3, 1938, to April 4, 1938.
 I last saw him alive on April 4, 1938. Death is said to have occurred on the date stated above, at 9 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Apr 3
8721-
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was 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? 90
 If so, specify J. A. Morris, M.D. M. D.
 (Signed) J. A. Morris, M.D. (Address) 8217 S. 94 Broadway

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, me

Guy W Wilkinson, or by

Registered Apprentice No., working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo

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.)

If this body is not embalmed, above space should be left blank.