

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16478

Do not use this space.

REC'D JUN 9 1938

791  
1003

4339

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City ST. LOUIS (d) Street No. ST. ANTHONY HOSP 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

BABY DEMMER 560  
 (a) Residence, No. 6417 VERMONT AVE St. 1 (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) MAY 11 - 1938

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

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. NONE  
 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 DEMMER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

MOTHER 15. MAIDEN NAME MARIE KLAGE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.

17. INFORMANT (ADDRESS) FRANK DEMMER 6417 VERMONT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE MNT OLIVE CEM DATE \_\_\_\_\_, 19\_\_

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOS. P. FENOLD, JR. 7128 MICHIGAN AVE.

20. FILED MAY 12 1938 J. D. Bredeek Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 11 - 1938

22. I HEREBY CERTIFY, That I attended deceased from MAY 11, 1938, to MAY 11, 1938

I last saw him alive on STILL BORN 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

DYSTOCIA & Separation of Placenta before Expulsion of Fetus

Other contributory causes of importance:  
Post-maturity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical 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? 1  
 If so, specify George A. O'Sullivan M. D.  
 (Signed) \_\_\_\_\_ (Address) 421 W. Schermer

*Not embalmed*

*CF*

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**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, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**