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.

REC'D JUN 9 1938

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

16809
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4670

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. 3903 Juniata St. 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 Lydia De Werthern 6.21
(a) Residence, No. 3903 Juniata St. St. 16
(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*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1854

7. AGE: Years 83 | Months 6 | Days 28 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) Port Byron Ills 1

FATHER
13. NAME Charles Sabath 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Betty Grantz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Helen De Werthern
(ADDRESS) 3903 Juniata St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE May 23, 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED MAY 23 1938 J. D. Bedeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dural years, 19.... I last saw h... alive on 5/21/38, 19.... Death is said to have occurred on the date stated above, at 4:30 m. P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy) — Date of onset 5/21/38

Other contributory causes of importance:
Hypertension chronic 10-15 years standing
Myocarditis (myocardial deficiency) patent 6 months duration

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? no
If so, specify
(Signed) Dr. Arthur Myers Eyerich, M. D.
(Address) 306 N. Grand Ave. St. L. Mo.

Licensed Embalmer's Statement on Reverse Side)

## 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, .....
Robert C Wheeler ....., or by .....

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

Signed. Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

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