

REC'D JUN 9 1938

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

17079

Do not use this space.

791
1003

Registered No. 4940

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City ST. LOUIS (d) Street No. 3028 EASTON AVE. 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

(a) Residence, No. 3028 EASTON AVE. St. 21
 (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 WASHINGTON VOLKER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-1, 1860

7. AGE YEARS 78 MONTHS 4 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) MEMPHIS, TENN.

FATHER 13. NAME SALAMON KINZLER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER 15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN17. INFORMANT CHARENCE VOLKER
(ADDRESS) 3028 EASTON AVE18. BURIAL, CREMATION, OR REMOVAL PLACE BETHANY DATE MAY 30, 193819. FUNERAL DIRECTOR Trick + Dickman
(ADDRESS) 3039 Easton Ave20. FILED J. D. Bredek
MAY 29 1938 Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/14/38 to 5/27/38
 I last saw him alive on 5/27/38 Death is said to have occurred on the date stated above, at P. M.

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

Myocardial infarction (MI), caused by arteriosclerosis
by arteriosclerosis

Other contributory causes of importance:
For advanced arteriosclerosis?
benign?

Name of operation Date of
 What test confirmed diagnosis? Was there a 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? no
If so, specify

(Signed) Edgar E. Casady M. D.
 (Address) 3547 Easton

STATEMENT BY LICENSED EMBALMER

I, Howard J Rawland, Licensed Embalmer No. 3114

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 Howard J Rawland

Licensed Embalmer No. 3114

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.)