

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
17099
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St Louis** (d) Street No. **8721 Halle Ferry Rd** Registered No. **4960**
 (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. **8721 Halle Ferry Rd** St. **8**
 (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 **Widow**
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 15 1852**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 6 13

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.
 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) **Texas**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT **By Burdenwald**
(ADDRESS) **8721 Halle Ferry Rd**18. BURIAL, CREMATION, OR REMOVAL
PLACE **East St Louis Ill** DATE **May 29 1938**19. FUNERAL DIRECTOR **Burdenwald Funeral Home**
(ADDRESS) **1936 St Louis**20. FILED **MAY 30 1938** **J. P. Burdeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1937** to **May 28, 1938**
 I last saw her alive on **May 28, 1938**. Death is said to have occurred on the date stated above, at **2:00 p.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

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?
 If so, specify **S. A. VanHoefen**, M. D.

(Signed) **S. A. VanHoefen**
 (Address) **8313 Halle Ferry Rd**

STATEMENT BY LICENSED EMBALMER

I, Thos A. Budemir....., Licensed Embalmer No. 506.

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 Thos A. Budemir.....

Licensed Embalmer No. 506.....

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

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