

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.

MAY 2 1938 JUN 7 1938

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

19538
 Do not use this space.

1. PLACE OF DEATH
 (a) County Indowis Registration District No. 784
 (b) Township _____ Primary Registration District No. 115 Registered No. 912
 (c) City University City Mo. (d) Street No. 6900 Kingsbury Blvd. 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 Ida Froebel Sultan
 (a) Residence, No. 6900 Kingsbury Blvd. St. (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred W. Sultan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 12
 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) St. Louis Mo.
 13. NAME August Froebel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony
 15. MAIDEN NAME Mary Kunz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Thomas P. Sultan (ADDRESS) 6900 Kingsbury Blvd.
 18. BURIAL, CREMATION, OR REMOVAL PLACES Bellefontaine Cem. May 26, 1938
 19. FUNERAL DIRECTOR Alexander and Sons (ADDRESS) 6175 Delmar Blvd.
 20. FILED MAY 2 1938 N. R. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to 5-23, 1938.
 I last saw him alive on 5-23, 1938 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:
acute coronary occlusion
 Date of onset 5-23-38
 Other contributory causes of importance: hypertension
 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 Chiver Abel Jr., M. D. (Signed) Kister Blod (Address)

STATEMENT BY LICENSED EMBALMER

I, J. Wm. Binkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Wm. Binkley

Licensed Embalmer No. 3653

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.)