64

REC'D JUL 12 1938

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

20265
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 5404
(c) City St. Louis Mo (d) Street No. 3842 Washington Bl Rear 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 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Admidin 313
(a) Residence, No. 3842 Washington Rear St. 19
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Admidin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS 67 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Evangelist
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) Russia 7

FATHER
13. NAME Unknown 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 5

MOTHER
15. MAIDEN NAME Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mr. W. E. Treder 3842 Washington Bl.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Jun. 6/15 19 38
19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Bull 4452 Washington Bl.
20. FILED JUN 15 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/11/38, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:10 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation;	
Chronic Aortitis; (non specific)	
Chronic Pericarditis;	
Chronic Nephritis;	

Other contributory causes of importance: 131

Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Joseph McLuren, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Rex E. Campbell, Licensed Embalmer No. 3881

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

L. E.

No. 3985 or by, Registered Apprentice No.

working under my personal supervision.

Signed Rex E. Campbell

Licensed Embalmer No. 3881

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.)