

REC'D JUL 12 1938

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

20335

Do not use this space.

5474

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Townshp..... Primary Registration District No..... Registered No. **5474**
 (c) City **St. Louis Mo.** (d) Street No. **Lutheran Hospital** 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 **Jacques Biber**

- (a) Residence, No. **2837 Shenandoah Ave.** St. **23**
 (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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1865				
7. AGE YEARS 72	MONTHS 5	DAYS 21	IF LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Printer
	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)	Luxumberg Germany
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FATHER	13. NAME	Unknown
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Luxemberg Germany

MOTHER	15. MAIDEN NAME	Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Luxemberg Germany

17. INFORMANT (ADDRESS)	Jemie Lawrence 2837 Shenandoah Ave.
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18. BURIAL, CREMATION, OR REMOVAL PLACE	No Crematory	DATE	June 20 1938
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19. FUNERAL DIRECTOR (NAME) (ADDRESS)	Jhos. Kuttis 2906 Gravois Ave.
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20. FILED	JUN 17 1938	J. P. Buecker Local Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/16 38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15 1936** to **June 16 1938**
 I last saw him alive on **6/16 38** Death is said to have occurred on the date stated above, at **3:10 PM**

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

Ch. Myocarditis Date of onset **5 yrs.**

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? **No**

If so, specify.....

(Signed) **R. Berg**, M. D.(Address) **2253 Nebraska Ave.**

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, THOS. KUTIS

....., or by

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

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.)

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