

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

20764
Do not use this space.
5903

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No..... **791**
 (b) Township..... Primary Registration District No..... **1003**
 (c) City St. Louis (d) Street No. Jewish 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. da.

2. PRINT FULL NAME

(a) Residence, No. 1228 Shawmut Place St. **5** (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 Male	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 Mary Caroline Richards				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26th, 1882				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	6	2	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired			
	9. Industry or business in which work was done, as saw mill, bank, etc. Hosiery Salesman			
	10. Date deceased last worked at this occupation (month and year) 1936			
				11. Total time (years) spent in this occupation 140
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia				
FATHER	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT Mrs. Mary Caroline Richards (ADDRESS) 1228 Shawmut Place				
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery , DATE June 30, 1938				
19. FUNERAL DIRECTOR Bessie Beecham (ADDRESS) 1431 Union Blvd				
20. FILED JUN 30 1938 J. P. Buehler Local Registrar				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **4-30, 1938, to June 28, 1938**

I last saw him alive on **June 28, 1938** Death is said to have occurred on the date stated above, at **11:40 p. m.**

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

1) Multiple bilateral Lung Abscesses
Lung & Liver abscesses secondary to Prostatectomy, non malignant for infector of urinary bladder cause unknown
 Other contributory causes of importance:
1) Multiple Kidney abscesses (4)
2) Diabetes Mellitus
3) Hypertensive Arteriosclerosis

Name of operation **Suprapubic Prostatectomy** Date of **5-11-38**
 What test confirmed diagnosis? **—** Was there an autopsy? **yes**

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) **Harold A. Peterson**, M. D.
 (Address) **216 S. Kingshighway**

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.

STATEMENT BY LICENSED EMBALMER

Frank W. Dehars

....., Licensed Embalmer No.

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

..... L. E.

No. or by

working under my personal supervision.

..... Registered Apprentice No.

Signed *Frank W. Dehars*

..... Licensed Embalmer No. *2915*

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.)