

Dr Nienstedt
REC'D JUL 11 1938

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

23074
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 321
(b) Township Richland Primary Registration District No. 6070 Registered No. _____
(c) City Sikeston (d) Street No. _____ 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

Fred Paul
(a) Residence, No. East Gladys St. 400
(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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Paul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 23

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. Retired Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bavarius Rhinpholz, 6
(STATE OR COUNTRY) Germany 9

FATHER 13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) _____ 9
(STATE OR COUNTRY) _____

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

17. INFORMANT Mrs. Mary Morrison
(ADDRESS) East Gladys, Sikeston, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. Sikeston 6-20-38

19. FUNERAL DIRECTOR Welsh Funeral Home
(ADDRESS) Sikeston Mo

20. FILED 7-7 19 38 E. N. Nienstedt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 10:50P

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-18 1938, to 6-18 1938
I last saw him alive on 6-18 1938. Death is said to have occurred on the date stated above, at 10:50 P. M.
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset _____
9281
Other contributory causes of importance:
bronchial asthma

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 _____
(Signed) E. N. Nienstedt M. D.
Address Sikeston Mo 112 2nd

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.

Exact statement of OCCUPATION IS A...

STATEMENT BY LICENSED EMBALMER

I, Welsh Funeral Home, Licensed Embalmer No. 774

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

L. E. Sikesten, Mo.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed A. Welsh
Licensed Embalmer No. 774

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.)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Scott Registration District No. 821
Township Richland Primary Registration District No. 4553
City Sikeston (No. St. Ward)

File No. 23074
Registered No.

2. FULL NAME

(a) Residence, No. Fred Paul East St. Ward.
(Usual place of abode) glodys

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
<u>70</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...		
19. UNDERTAKER (ADDRESS)		
20. FILED 19... Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938

22. I HEREBY CERTIFY, That I attended deceased (from ... to ... 19... I last saw him ... alive ... 19... 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: Date of onset

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 (Signed) M. D. (Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CROSS OF DEATH IN PLAIN VIEW, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

