

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23541

Do not use this space.

6235

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis Mo.
(e) Length of residence in city or town where death occurred yrs. mos. da.

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 3251 Knapp St.

Registered No.
St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Cora Handing
(a) Residence, No. 3251 Knapp St. St. 26
(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 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 Ben Handing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 -1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 7

OCCUPATION 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. Housewife
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.

FATHER 13. NAME Herman Boehmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

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

17. INFORMANT (ADDRESS) Ben Handing
3251 Knapp St

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE July-12-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner U. Co.
1417 N. Market St.

20. FILED JUL 12 1938 J. F. Bredbeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12-38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1938, to July 12 - 1938
I last saw h. alive on 7-10-38 Death is said to have occurred on the date stated above, at 4:10 a. m.

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

Cardio Nephritis (Emolic)
(Acute) Myocarditis
Other contributory causes of importance: 958

Date of onset 2 yr
2 wk

Name of operation None 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 Draws remain M. D.
(Signed) J. F. Bredbeck
(Address) 7132 Washington St

N. B.—Every item of information should be carefully checked for accuracy. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Primmer

*3532 Washington
Ave N. P. M.*

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *3223 St. Louis*

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.