

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

23765
 Do not use this space.

REC'D AUG 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. **3719** Humphrey 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 **Johanna Retter**

(a) Residence, No. **3719 Humphrey** St. **16**
 (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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jacob**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14 1884**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 4

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. **At home**
 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) **Bavaria**

FATHER 13. NAME **Bauer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bavaria**

MOTHER 15. MAIDEN NAME **not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bavaria**

17. INFORMANT **Jacob Retter**
 (ADDRESS) **3719 Humphrey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory 7/20/38**

19. FUNERAL DIRECTOR **J. L. Ziegenhein & Sons**
 (ADDRESS) **7027 Gravois Ave.**

20. FILED **19 1938** **J. F. Biedeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from **Oct 2**, 19**37**, to **July 18**, 19**38**

I last saw her alive on **July 18**, 19**38** Death is said to have occurred on the date stated above, at **8 1** m.

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

Carcinoma of Uterus

Other contributory causes of importance: **Chronic Myocarditis**

Name of operation **Hysterectomy** Date of **10/14/37**

What test confirmed diagnosis? **Clinical findings** 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 **B. W. Keissel, M. D.**

(Signed) **B. W. Keissel, M. D.** (Address) **3235 South Grand Blvd.**

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

I,, Licensed Embalmer No.

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

..... L. E.

No. or by....., Registered Apprentice No.

working under my personal supervision.

Signed *Clarence P. Kidwell*

Licensed Embalmer No. *3877*

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.)