

938 REC'D SEP 9 1938

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

29938
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 284
(b) Township _____ Primary Registration District No. 100 Registered No. 1401
(c) City Brentwood Mo. (d) Street No. 8741 E. Pine Ave _____ 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 Dr. Dell W Shaul
(a) Residence, No. 8741 E. Pine _____ St. Brentwood Mo
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tennie Shaul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1873/1876

7. AGE YEARS 65 MONTHS 2 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

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. Dentist
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) Greenville Ill.

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 Tennie Shaul
(ADDRESS) 8741 E. Pine Brentwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory Aug. 24 1938

19. FUNERAL DIRECTOR Louis H Bopp
(ADDRESS) 131 W. Argonne Dr Kirkwood Mo

20. FILED AUG 22 1938 W. Meyer M.D. PH
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ _____, 19____, to on Aug 21, 1938

I last saw him alive on Aug 21, 1938. Death is said to have occurred on the date stated above, at 10:00 P. m.

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

Coronary occlusion Date of onset 8/21/38

Other contributory causes of importance:
Myocarditis chr. (from history)

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____

(Signed) C. H. Bockelmann, M. D.
767 (Address) 8900 Powell Ave

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.

Corrected by affidavit to Sept 12-1938

For affidavits see misc file P # 117

STATEMENT BY LICENSED EMBALMER

I, John M Meyer Licensed Embalmer No. 3288
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed John M Meyer
Licensed Embalmer No. 3288

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.)