

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

29971
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 1021 Registered No. 1317
(c) City Ferguson (d) Street No. 110 S. Florissant Road 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 Louis J. Disser, Sr. 260

(a) Residence, No. 110 S. Florissant Road St. (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 Selma G. Disser (Nee Rich)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 10 23

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. _____
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 Missouri

FATHER
13. NAME John Disser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Tettroen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs. Selma G. Disser
(ADDRESS) 110 S. Florissant Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Aug. 6, 1938

19. FUNERAL DIRECTOR (NAME) Math Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED AUG 4 1938 J.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1930, to Aug. 3, 1938
I last saw him alive on 8-3, 1938. Death is said to have occurred on the date stated above, at 10:30 A. M.
The principal cause of death and related causes of importance were as follows:

Acute nephritis.
Uremic coma
Other contributory causes of importance: Ch. Nephritis
Date of onset 7-28-38
8-4-30

Name of operation _____ Date of _____
What test confirmed diagnosis? physical 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) J. T. Reinken M. D.
(Address) 340 Bermuda Ave

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

William G. Buchholz

Licensed Embalmer No.

2110

P. O. Address

St Louis Mo

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.