

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.

REC'D NOV 16 1938

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

34194
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
 (b) Township 1 Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **2852 A Arsenal St.** Registered No. **9150**
 (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

560 Charles Denner
 (a) Residence, No. **2852 A Arsenal St.** St. **24** (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 **Married**
 (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Emelie Denner** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 19 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Cigar Maker**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Emilie Denner** (ADDRESS) **2852 A Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St Marcus** DATE **Oct 24 1938**

19. FUNERAL DIRECTOR (NAME) **Thorditis** (ADDRESS) **2906 Gravois Ave.**

20. FILED **OCT 22 1938** **J. Bredack** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **Sept 20 1937**, to **Oct 21 1938**
 I last saw him... alive on **Oct 20 1938**. Death is said to have occurred on the date stated above, at **9.00 A.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Arterio-sclerosis
 Date of onset, **Oct 21, 38**
 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? **No**
 If so, specify (Signed) **Robert L. Nye** M. D.
 (Address) **3201 Arsenal St.**

STATEMENT BY LICENSED EMBALMER
TO BE FILED IN THE RECORDS OF THE
HEALTH DEPARTMENT

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,

THOS. KUTIS.

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Thos. Kutis*

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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.