

888 NOV 2 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36152
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township St. Vernon Primary Registration District No. 663B
 (c) City St. Vernon (d) Street Missouri State Van Registered No. 132
 (e) Length of residence in city or town where death occurred yrs. 7 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 2106 Rockland Rd. St. Louis, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1938

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

22. I HEREBY CERTIFY That I attended deceased from Mar 9, 1938 to Oct 27, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1865

I last saw him alive on Oct 26, 1938. Death is said to have occurred on the date stated above, at 4:50 P.M.

7. AGE YEARS 73 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) 1930 11. Total time (years) spent in this occupation

Pulmonary Tuberculosis
T.B.C.
27
 Date of onset Indefinite
 Other contributory causes of importance: Pneumococcosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

FATHER 13. NAME Mike Koert b

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b

MOTHER 15. MAIDEN NAME Reiter

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

17. INFORMANT (ADDRESS) Mr. Michael Reidlich Missouri State Van

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo DATE Oct 27, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Forsyth Funeral Home St. Vernon Mo.

20. FILED Oct 27, 1938 P. A. Holmstedt Local Registrar

Name of operation closed Date of no
 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?
 If so, specify no

Signature St. Vernon Mo. M. D.
 (Address) St. Vernon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-469

Date Filed NOV 4 1938

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.....

Licensed Embalmer No.....

P. O. Address.....

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.