

OCT 14 1938 NOV 4 1938

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

36802
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 2 784
(b) Township Jefferson Primary Registration District No. 1 109
(c) City Maplewood (d) Street No. 3039 Bartold St. Mo
(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

(a) Residence, No. 3039 Bartold St. Maplewood. 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 Female 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 John Riegert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles Mick

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

MOTHER 15. MAIDEN NAME Ann Pistorious

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

17. INFORMANT (ADDRESS) John Riegert
3039 Bartold, Maplewood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 10-14-38

19. FUNERAL DIRECTOR (ADDRESS) Louis N. Bopp
Kirkwood, Mo

20. FILE OCT 14 1938 G. R. Meyer, M.D.
1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12-1938 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938 to Oct 12, 1938
I last saw her alive on Oct 12, 1938 Death is said to have occurred on the date stated above, at 10:50 AM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (left side) 6-9-38
Cerebral Hemorrhage (recurrent) 9-26-38
Other contributory causes of importance: arteriosclerosis 4-6-34
Date of onset

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) H. P. ..., M. D.
(Address) 2816 ...

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.

1-1212008

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.)