

CT 27 1938

REC'D NOV 4 1938

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

36808
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township 1 Primary Registration District No. 200 Registered No. 1749
 (c) City Matteess (d) Street No. Rosecrest Convalescent Home 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. da.

2. PRINT FULL NAME Margaret Icenhower
 (a) Residence, No. 201 Bowen Street St. St. Louis, Missouri
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

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) Mehlville 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Seifert 7
 14. BIRTHPLACE (CITY OR TOWN) Switzerland 7
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucy Gansner
 16. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)

17. INFORMANT Charles Icenhower - Son
 (ADDRESS) 201 Bowen, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Odd Fellows Cemetery DATE Oct. 28, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. B'way St. Louis, Mo.

20. FILED OCT 27 1938 19 W. R. Meyer, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938 to Oct 25, 1938
 I last saw him alive on Oct 24, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized
Nephritis, arteriosclerosis etc

Date of onset unknown

Other contributory causes of importance:
Uremia

Name of operation None Date of no
 What test confirmed diagnosis? no 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 See Gottlieb
 (Signed) W. R. Meyer, M.D. M. D.
 (Address) 3720 Washington
St Louis, Aug.

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.

Leo Guttenberg,
3720 Washington
Rm 4848
1-3 pm Thurs.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)