

DEC 12 1938

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

38024
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 8112 Idaho Registered No. 10351
(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

Amos F. Todisman
(a) Residence, No. 8112 Idaho Avenue St. 1
(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 Male	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 Serena Todisman				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1863				
7. AGE YEARS 75	MONTHS 10	DAYS 13	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R. R. Laborer			
	9. Industry or business in which work was done, as saw mill, bank, etc. Railroad			
	10. Date deceased last worked at this occupation (month and year) Retired			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genavieve Missouri				
FATHER	13. NAME Alin Todisman			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Elizabeth Anderson			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Mrs. Christine Schott-Daughter (ADDRESS) 8112 Idaho, St. Louis, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity L. Camp Dec. 2, 1938				
19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.				
20. FILED NOV 30 1938 J. Budeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 29, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Nov. 28, 1938** to **Nov 29, 1938**
I last saw him alive on **Nov 28, 1938** Death is said to have occurred on the date stated above, at **2:20a. m.**
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset **11/28/38**
Arteriosclerosis Chronic
Other contributory causes of importance: **PT**
Name of operation _____ Date of _____
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? **No**
If so, specify _____
(Signed) **J. Budeck**, M. D.
(Address) **7762**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

Dr. Draper

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister (2426) and L.C. Hoffmeister (3871) Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by George W. Hoffmeister No. 2426

..... L. E. and Linus C. Hoffmeister No. 3871

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *George W. Hoffmeister* #3871
Linus C. Hoffmeister #2426

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.)