

NOV 23 1938

DEC 8 1938

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

40360
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Rich St. Lts Primary Registration District No. 111
 (c) City Saint Louis, Mo. (d) Street No. St. Marys Hospital Registered No. 1920
 (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 Carol J. Denzl
 (a) Residence, No. 1917a President St. St.
 (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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10th, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Saint Louis, Missouri

13. NAME Erwin Denzl

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri

15. MAIDEN NAME Leona LaPlant

16. BIRTHPLACE (CITY OR TOWN) Missouri

17. INFORMANT Erwin Denzl
(ADDRESS) 1917a President St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mine LaMotte Mo. DATE November 23rd, 1938

19. FUNERAL DIRECTOR Gieserlein Bros.
(ADDRESS) 2623 Cherokee Street

20. FILED NOV 23 1938 C. K. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11/10, 1938, to 11/22, 1938.
 I last saw him alive on 11/22, 1938. Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Spinous brisida
Cholera
Contracted heart
with rib on right left
symptoms of rib (ab)
 Date of onset 15th

Other contributory causes of importance:
7th red otolith (P.L.S.)
old hernia (Top Upper quadrant)
unusual development of a

Name of operation 10th 11th Date of operation 11/22
 What test confirmed diagnosis? abuse of rib on right Was there a autopsy? yes

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 (Signed) C. K. Hammett, M. D.
 (Address) St. Marys Hospital

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.

STATEMENT BY LICENSED EMBALMER

I, Vearl E. Morris., Licensed Embalmer No. 3360.

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

V E Morris

Licensed Embalmer No. 3360

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.)