

DEC 11 1939

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

40694
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. 5751 Terry Ave. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 71 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 10386

2. PRINT FULL NAME 430 Maria Louise Held
(a) Residence, No. 5751 Terry Ave. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Frederick M. Held

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14th, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>71</u>	<u>11</u>	<u>16</u>	

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) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Detrich Fassholz

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

MOTHER

15. MAIDEN NAME Louise Eickoetter

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

17. INFORMANT Arthur C. Held (ADDRESS) 5751 Terry Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE 12-3-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Provost Und. Co. 3710 N. Grand Blvd.

20. FILED DEC 1 1939 J.D. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-38 1938

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1932, to November 30, 1938
I last saw her alive on November 30, 1938. Death is said to have occurred on the date stated above, at 9.25 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Myocarditis
Other contributory causes of importance:
Arteriosclerosis
Hypertension

Date of onset 1931

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) A. Louis Schuchat, M. D.
(Address) 2200 Chautau Ave.

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.

*W. J. Schuchat
2200 Chestnut
Rm 5083
12-6*

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,

A. A. Smithers

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *A. A. Smithers*

Licensed Embalmer No. *3916*

P. O. Address *3710 N. Grand Blvd.*

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.