

REC'D JAN 11 1938

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

41309
Do not use this space.
11001

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 1003
(b) Township..... Primary Registration District No..... Registered No.....
(c) or City ST. LOUIS MO. (d) Street No. 1006 A CHOUTEAU 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. ds.

2. PRINT FULL NAME

(a) Residence, No. 1006 A CHOUTEAU AV. St. 27 (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) STILLBORN

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 21-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
— — — — —

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. STILLBORN
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 ANTHONY J. WAHBY

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

MOTHER
15. MAIDEN NAME DELIA REASK

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

17. INFORMANT ANTHONY J. WAHBY
(ADDRESS) 1006 A CHOUTEAU

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S.P. + P. CEM. DATE Dec 23, 1938

19. FUNERAL DIRECTOR (NAME) E. J. Schmur
(ADDRESS) 3125 Lafayette Av.

20. FILED DEC 23 1938
J. P. Brudeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

Stillborn
excessively pressurized
and too much water

Other contributory causes of importance:
Mary J. Boeckhoff
3618 Hartford St.
Midway

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?
If so, specify.....
(Signed) Alfred Perry M.D.
(Address) Alfred Perry

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.

I X 1695

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.