

AN - 8 1939 REC'D JAN 11 1939

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

3856  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 611 Registered No. 35  
 (c) City Club Heights (d) Street No. St. Mary's Hospital 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 Gertrude S Dick  
 (a) Residence, No. 6420 Woodrow Avenue St.  (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
42 8 1

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. At Home  
 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) St. Louis Missouri

FATHER  
 13. NAME Gustav A. Stegmann  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dittmar Missouri

MOTHER  
 15. MAIDEN NAME Mary E. Pyle  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Samuel M. Dick  
6420 Woodrow Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Jan 10, 1939

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home  
1167 Hamilton Avenue

20. FILED JAN - 8 1939 D. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to Jan 7, 1939  
 Last saw h. ex alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 1:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
General Straph cocaine habit  
followed by Complete Hypertension  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: H.S.  
Coronary Arteriosclerosis  
Inter

Name of operation Cure of hypertension Date of 1/7/39  
 What test confirmed diagnosis? Microscopic (as there an autopsy?) Yes  
examined

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) \_\_\_\_\_ M. D.  
 \_\_\_\_\_ (Address) \_\_\_\_\_

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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 *J. G. Sullivan* .....

Licensed Embalmer No. *1122* .....

**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.)**