

REC'D MAR 13 1939

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

791
1003
4695
Do not use this space.

1388

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... **Saint Louis, Missouri** (d) Street No. **3863 Kosciusko Street.** 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. **3863 Kosciusko Street.** St. **24**
 (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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 11th, 1851.**

7. AGE YEARS **87** MONTHS **1** DAYS **28** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Florist**
 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) **Germany**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Johanna Herdt.**
 (ADDRESS) **3863 Kosciusko Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cemetery** DATE **February 13, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Giesenhein Bros., 2623 Cherokee Street.**

20. FILED **FEB 13 1939** **J. J. J. J. J.**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 9th, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from

Feb 5, 1939, to Feb 8, 1939

I last saw him alive on **Feb 8, 1939.** Death is said to have occurred on the date stated above, at **3:55 P.M.**

The principal cause of death and related causes of importance were as follows:

Uremia
Chronic interstitial nephritis
Hypertension

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Dr. J. J. J. J. J.**, M. D.

(Address) **4931 Parkland City**

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,

Vearl E. Morris.

or by

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

Signed.....

V E Morris

Licensed Embalmer No. **3360**

P. O. Address **2623 Cherokee Street.**

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.