

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.

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

8276
Do not use this space.

REC'D APR 12 1939

791
1003

2041

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis (d) Street No. 3422 Connecticut 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. 3422 Connecticut St. 14
 (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 Ells Heidenthal
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-26-1864
 7. AGE YEARS 74 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk
 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) St. Louis, Mo.
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 MOTHER 15. MAIDEN NAME (Unknown) Haseupflug
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Mrs. Ella Heidenthal
 (ADDRESS) 3422 Connecticut
 18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem DATE 19
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Trust Co
5 Grand Blvd
J. D. Prudeck
Local Registrar
 20. FILED MAR 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3rd 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 4th 1939, to March 2nd 1939.
 I last saw him alive on March 2nd 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset
1/31
 Other contributory causes of importance:
Atherosclerosis
Chronic Pancreatic Stenosis
 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? no.
 If so, specify Louis H. Brandenburger, M. D.
 (Signed) Louis H. Brandenburger
 (Address) 3422 Connecticut Ave.

Dr. Brandenburg
3922 Cleveland

7 to 8. ~~January~~

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, _____

Wilson Collins

, or by _____

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

Signed

Wilson Collins

Licensed Embalmer No.

3887

P. O. Address

St. Louis, Mo

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.