

DEPT APR 12 1939

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

8347
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City St. Louis (d) Street No. 5241 Wren Ave 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 60 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Marie Dearssan
(a) Residence, No. 5241 Wren Ave. St. 7
(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 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 Henry Dearssan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25th. 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 8 6 8

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) Germany.

13. NAME Henry Koehler

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) Henry Dearssan
5241 Wren Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 3-6-39

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

20. FILED MAR 5 1939 J. D. Bieder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-39

22. I HEREBY CERTIFY, That I attended deceased from JAN. 24, 1932 to MAR. 22, 1939

I last saw her alive on MAR. 1st, 1932. Death is said to have occurred on the date stated above, at 1.00 P.M.

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

Chronic Myocarditis Date of onset 1932

Other contributory causes of importance: Cardiac Asthma Senility 1927

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) Edwin J. ... M. D.

(Address) 3635 ...

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.

X12004

Aug 27 1952

39-3574-1
6-10
E. S. E. Powell
New York

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

E. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

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.)