

1939 APR 12 1939

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

791
1003

9156
Do not use this space.

2921

1. PLACE OF DEATH

(a) County 3 Registration District No. 1
(b) Township 1 Primary Registration District No. 1
(c) City St. Louis (d) Street No. 7003 S. Grand Registered No. 2921
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 7003 S. Grand St. 1
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Stein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-7-1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 4 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Hungary

FATHER 13. NAME Henry Schaefer

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

MOTHER 15. MAIDEN NAME (Unknown) Husch

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

17. INFORMANT (ADDRESS) Aug Stein
7003 S. Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial DATE 2-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Ind Co
6322 S. Grand

20. FILED MAR 28 1939 J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Lysol poisoning, self administered at her home
7003 S. Grand St on

Other contributory causes of importance: March 27-1939 at about

10:30 a.m. 163

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 Self Date of injury 3/27/39

Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Joseph M. Julian M.D.

(Address) Deputy Coroner

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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.....

Wilson Collins

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wilson Collins

Licensed Embalmer No. *3887*

P. O. Address *St. Louis*

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.