

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD 1-3

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.

5434 Dawson

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

16545  
Do not use this space.

791  
1003

4079

REC'D JUN 12 1939

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City..... or **Saint Louis Missouri.** (d) Street No. **3415 Salena 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. **3415 Salena Street.** St. **24** (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lena Drilling</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>December 28th, 1863</b>		
7. AGE <b>75</b>	YEARS <b>4</b>	MONTHS <b>3</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Brewer.</b>		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) <b>Germany</b>		
13. NAME <b>Unknown</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
15. MAIDEN NAME <b>Unknown</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>		
17. INFORMANT <b>Lena Drilling</b> (ADDRESS) <b>3415 Salena Street.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>New St. Marcus Cem.</b> DATE <b>May 4th, 1939</b>		
19. FUNERAL DIRECTOR (NAME) <b>Ziegenhein Bros.</b> (ADDRESS) <b>2523 Cherokee Street.</b>		
20. FILED <b>MAY 3 1939</b> <b>J. B. Beck</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1st, 1939.**

22. I HEREBY CERTIFY, That I attended deceased from **April 30, 1939** to **May 1st, 1939**  
 I last saw him alive on **May 1, 1939** Death is said to have occurred on the date stated above, at **2:45 A.M.**  
 The principal cause of death and related causes of importance were as follows:

<b>Chronic Arteriosclerosis</b>	<b>1929</b>
<b>Chronic Interstitial Nephritis</b>	<b>1929</b>
<b>Cerebral Hemorrhage</b>	<b>April 30</b>

Other contributory causes of importance:

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) **Adam G. Youngman M.D.**  
 (Address) **52439 Grand**

**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.....

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

working under my personal supervision.

Signed.....

*V. Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

**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.**