

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

REC'D JUN 12 1939

16733  
Do not use this space.  
4267

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1008  
(c) City of Saint Louis, Missouri. (d) Street No. 5003 Murdoch 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 550 Anna Ginane 5003 Murdoch Ave. 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 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 Edward J. Ginane  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3rd, 1861.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 7 2

OCCUPATION  
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) Germany

FATHER  
13. NAME Timothy Rolfs.

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 Mrs. Edna Ziegenhein (ADDRESS) 5003 Murdoch Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE May 8th, 1939

19. FUNERAL DIRECTOR (NAME) Ziegenhein Bros. (ADDRESS) 2523 Cherokee Street.

20. FILED MAY 8, 1939 J. P. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 5-2-39, 19, to 5-5-39, 19. I last saw her alive on 5-5-39, 19. 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 (from history) 8-10 yrs. Date of onset  
Coronary Thrombosis (3 days)  
Other contributory causes of importance: none

Name of operation none Date of none  
What test confirmed diagnosis? Was there an autopsy? none

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 O. C. Pfeiffer, M. D. (Signed) (Address) 4523 S. Kings Highway

**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 *J. E. 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.**