

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
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20123
Do not use this space.

JUL 12 1939

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 or St. Louis, Missouri, (c) Street No. City Sanitarium Registered No. 4967
 (c) Length of residence in city or town where death occurred 69 yrs. 7 mos. 5 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John Idler,
 (a) Residence, No. 4662 St. Louis, Ave. St. 11 (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-1869		
7. AGE 69	YEARS 7	MONTHS 5
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. Unknown	
	10. Date deceased last worked at this occupation (month and year) Unknown	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri	
	13. NAME Unknown	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany	
	15. MAIDEN NAME Unknown	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) W. Gansoler, M.D. 5400 Arsenal St		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washington 6-1-39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Richter 3500 J. B. Brudeck Local Registrar		
20. JUN 1 1939		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-39, 19, to May 26, 1939, 19. I last saw him alive on May 26, 1939, 19. Death is said to have occurred on the date stated above, at 7:50 a.m. The principal cause of death and related causes of importance were as follows:
 Chronic Myocarditis
 Date of onset 7-1-38x

Other contributory causes of importance: *[Signature]*

Name of operation Date of No.
 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
 Was disease or injury in any way related to occupation of deceased? I
 (Signed) *[Signature]* M. D.
 (Address) 5400 Arsenal St.

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.

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.....

Licensed Embalmer No.....

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.