DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30719

REC'D OCT 14 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7782

1. PLACE OF DEATH:

(a) County 26

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1420 Bremen Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nil (Specify whether years, months or days)

In this community 68 Yrs 1 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1420 Bremen Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Benj. J.H. Vahrenhold

8. (b) If veteran, name war Nil

8. (c) Social Security No None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Vahrenhold

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 18 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	19	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Owner Grocery Store

FATHER
12. Name Unknown Vahrenhold
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Fred B Vahrenhold
(b) Address 5727 Minnesota Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Belle Fontaine Cem

18. (a) Signature of funeral director Luedmeyer & Sons
(b) Address 3984 S. 20 St

19. (a) SEP 8 1939 (Date received locally registered) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th 1939 year 4 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 5, 1939, to Sept 6, 1939, that I last saw him alive on Sept 6, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. J. Gallivan (M. D. or other)
Address 3825 N. 20th Date signed 9/8/39

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. P. Schubert, Registered Apprentice No. ..... working under my personal supervision.

Signed Geo. P. Schubert

Licensed Embalmer No. 9212

P. O. Address 5189 N. Kingshighw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.