DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34747

Registration District No. 791 1003 Primary Registration District No. Registrar's No. 9285

NOV 13 1939 NOV 1 1939

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St, Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2702 Accomac
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry C. Persinger 625

3. (b) If veteran, name war No

3. (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 Minnie

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 9 (Day) 1881 (Year)

8. AGE: 58 Years | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace Ronceverte (City, town, or county) W.Virginia (State or foreign country)

10. Usual occupation Store Clerk

11. Industry or business Confectionary

FATHER
12. Name James Persinger
13. Birthplace (City, town, or county) W.Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Jane Collins
15. Birthplace (City, town, or county) W.Virginia (State or foreign country)

16. (a) Informant's own signature Minnie Persinger
(b) Address 2702 Accomac

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/39 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) 11/8/39 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1939 hour 11.05 minute P.M.

21. I hereby certify that I attended the deceased from Oct 15th, 1939, to Oct 28th, 1939; that I last saw him alive on Oct 28th, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr, Myocarditis Asthma	
Due to	
Due to 93C	
Other conditions (Include pregnancy within 3 months of death)	
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 Arnold G. Klein (M. D. or other)
Address 2632 S. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address 3528 Russell C

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.