

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

NOV 24 1939
37067
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 1115
 (b) Township Liberty Primary Registration District No. 6221
 (c) City Knobloch (Rural) (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Henry M. Waldorf
 (a) Residence, No. Knobloch (Rural) St. (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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Agnes Waldorf
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 11 _____
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. agriculture
 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) 2 months 11. Total time (years) spent in this occupation 8 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 26, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 8, 1939 to Oct 31, 1939
 I last saw him alive on 10-24, 1939 Death is said to have occurred on the date stated above, at 6 A m.
 The principal cause of death and related causes of importance were as follows:
Sanguine L. foot
 Date of onset Oct 1 1939
 Other contributory causes of importance: Diabetes mellitus
 Name of operation no Date of _____
 What test confirmed diagnosis Diapyl 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 _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) H. B. DeLoe M. D.
DeLoe (Address) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 13. NAME Mr. Waldorf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 15. MAIDEN NAME Catherine Waldorf
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (NAME) Mrs. H. M. Waldorf
 (ADDRESS) Knobloch, Mo. RFD
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Calvary Cemetery DATE Oct 28, 1939
 19. FUNERAL DIRECTOR (NAME) Coyne Funeral Home
 (ADDRESS) Washington
 20. FILED 10-27-39 V. A. Ryden Local Registrar

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

1 X1402B

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,

me

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

P. Hugo Cozart

Licensed Embalmer No.

4084

P. O. Address.....

Farmington Me

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.