

STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 13 1939

1008

Primary Registration District No. _____

Registrar's No. _____

9402

1. PLACE OF DEATH:

(a) County 2

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

(c) Name of hospital or institution:
1931 Semple Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether In this community _____ years, months or days) Unknown

3. (a) PRINT FULL NAME Pauline Waibel 140

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife JOHN - Deceased 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 18, 1863
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>14</u>	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Unknown

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emil Waibel

(b) Address 1931 Semple Ave

17. (a) Burial (b) Date thereof 11-4-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 2 1939 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 6

(d) Street No. 1931 Semple Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November, day 2nd
year 1939 hour 9:20 AM minutes M.

21. I hereby certify that I attended the deceased from Oct. 1938
1939 to Nov. 2 1939
that I last saw her alive on Nov 2 1939
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Failure 1 year
Chronic Myocarditis
Due to Hypertension & Arteriosclerosis 1 year

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None 930
Of operations _____
Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. O. Harlow (M. D. or other) M.D.
Address 1908 Belt Date signed 11-2-39

WHITE 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.

1 X1951

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

Leonard Hampton

Licensed Embalmer No.

2967

P. O. Address

St. Louis, Mo

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.