

38119

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

9958

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 3
 (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 Convalescent Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 years
 (Specify whether
 In this community 81 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4359 Taft Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
 year 1939 hour 5 minutes 30 P. M.

21. I hereby certify that I attended the deceased from Aug 15th
1939 to Nov 20th 1939
 that I last saw him alive on November 18, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Hypertension
 Duration 245

Due to MI

Due to _____

Other condition Arteriosclerosis
 (Include preceding within 3 months of death)
Myocardial Infarction

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 H. J. Burk (M. D. or other) _____
 Address 4728 Broadway Date signed 11/21/39

3. (a) PRINT FULL NAME Miss Alwina Hecksteden

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased: September 6, 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Invalid

11. Industry or business _____

12. Name John Emil Hecksteden

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

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

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

16. (a) Informant's own signature Mrs. L. C. Jermolich

(b) Address 4359 Taft Avenue

17. (a) Burial (b) Date thereof 11/22/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Beidmida funeral home

(b) Address 1936 St. Louis Avenue

19. (a) NOV 22 1939 (b) J. Burk
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39
1 X19311

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.

Dr. 732, R. A. Lee,
4724 E. 12th
12-1

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 Julius J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis Ave

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.