

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

100-5-1-35B1
REV. 5-17-39

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38367

DEC 17 1939

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10206

1. PLACE OF DEATH:

1008

- (a) County St. Louis Mo.
 (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: 3438 N. 9th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME George Johannimgmeyer 552

8. (b) If veteran, name war _____ 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 Katie Johannimgmeyer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec. 16, 1852
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>11</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Teamster

12. Name Unk. Johannimgmeyer

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Katie Johannimgmeyer

(b) Address 3438 N. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/39
 (Month) (Day) (Year)

(c) Place: burial or cremation N. Bethlehem Cem.

18. (a) Signature of funeral director J. J. [Signature]

(b) Address 3934 N. 20th St.
 NOV 30 1939 (Date received local registrar) (c) Signature of registrar J. J. [Signature]

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
 (c) City or town St. Louis 26
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3438 N. 9th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 73 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Nov
 year 1939 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 20
 _____, 1939 to Nov 29, 1939

that I last saw him alive on Nov 28, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Uremic Coma
Chronic nephritis
 Due to obstruction of Bile ducts due to
enlarged prostate
 Due to non malignant

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 131
 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? _____

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

28. Signature Jos. [Signature] (M. D. or other)
 Address 3504 N. 14th Date signed 11-29-39

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 Appentice No.....
working under my personal supervision.

Signed Geo P Schubert.....

Licensed Embalmer No. 2912.....

P. O. Address 5118th N Kingshighway.....

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.