

NOV 15 1937

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

36069  
Do not use this space.

791  
1003

Registered No. 9646

1. PLACE OF DEATH
- (a) County .....
  - (b) Township .....
  - (c) City St. Louis, Mo. (d) Street No. Desloge Hospital St. Mo.  
(If death occurred in Hospital or Institution, write its name instead of street and number)
  - (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Schimmelpfennig

(a) Residence, No. 2322 Lemp Ave. St. 23  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1871</u>		
7. AGE <u>66</u>	YEARS <u>1</u>	MONTHS <u>11</u>
		DAYS <u>11</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Tobacco Worker</u>		
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)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Frank Schimmelpfennig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Florence Janusch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Joseph Schimmelpfennig  
(ADDRESS) 501 Random Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE SS. Peter & Paul DATE Oct. 18, 1937

19. FUNERAL DIRECTOR Ann C. Maydell  
(ADDRESS) 1926 Allen Ave.

20. FILED OCT 17 1937  
J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1937, to Oct 14, 1937  
I last saw him alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 12:50am  
The principal cause of death and related causes of importance were as follows:

acute myelogenous leukemia  
72A

Date of onset  
?

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Blood Exam 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 Subrain J. Burke, M. D.  
(Signed) J. Burke (Address) 6402A Morganford

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.

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STATEMENT BY LICENSED EMBALMER

I, Mr. C. Maydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No..... or by..... Registered Apprentice No.....  
working under my personal supervision.

Signed

Mr. C. Maydell

Licensed Embalmer No. 1467

**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.)**