

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

646  
Do not use this space.  
502

1. PLACE OF DEATH **FEB 12 1938**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003** Registered No. ....  
 (c) City..... (d) Street No. **4941 DELOR ST** St.  
 (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 **JOSEPH. N. WASSER** **260**

(a) Residence, No. **4941 DELOR ST.** St. **14** (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 **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **MARY WASSER.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAR. 4-1853**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**84 10 11**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **COOPER.**  
 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) **SWITZERLAND**

FATHER 13. NAME **UNKNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT (ADDRESS) **CARRIE GYSBERS 4941 DELOR ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST MARCUS CEM** DATE **JAN 17 1938**

19. FUNERAL DIRECTOR (ADDRESS) **JOS. P. FENDLER, JR 7128 MICHIGAN AV.**

20. FILED **JAN 15 1938** **J. G. Bredbeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-13 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1-11 1938** to **1-13 1938**  
 I last saw him alive on **1-13 1938** Death is said to have occurred on the date stated above, at **3:40 p.m.**

The principal cause of death and related causes of importance were as follows:

**Cerebral hemorrhage** Date of onset **3 days**

Other contributory causes of importance:  
**1. nephritis chronic**  
**2. arteriosclerosis**

Name of operation..... Date of.....  
 What test confirmed diagnosis? **no** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** 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..... **no**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) **W. H. Ramsey**, M. D.  
 (Address) **4755 Mustang**

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.

STATEMENT BY LICENSED EMBALMER

I, JOS. P. FENDLER JR., Licensed Embalmer No. 925

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Joe P. Fendler Jr.  
Licensed Embalmer No. \_\_\_\_\_

**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.)**