

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

898
Do not use this space.

1. PLACE OF DEATH **12 1938**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **De. Paul Hosp.** 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 **Henry A. Settlage 342**
 (a) Residence, No. **4429a Floriss place** St. **9**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ida Settlage**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 31 1874**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 7 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Gen. Contractor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **self**
 10. Date deceased last worked at this occupation (month and year) **1/12/38** 11. Total time (years) spent in this occupation **26yr.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 19 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **1-12 1938** to **1-19 1938**
 I last saw ~~him~~ **her** alive on **1-19 1938**. Death is said to have occurred on the date stated above, at **11:40 p.m.**
 The principal cause of death and related causes of importance were as follows:
Bilateral lobar pneumonia
 Date of onset **108**
 Other contributory causes of importance:
acute nephritis, caused by lobar pneumonia
 Name of operation Date of
 What test confirmed diagnosis? **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?
 If so, specify **Accident**
 (Signed) **J. Bredeck** M. D.
 (Address) **5074 N. Union Blvd.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo. 0**
 FATHER 13. NAME **John H. Settlage 6**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 6**
 MOTHER 15. MAIDEN NAME **Bertha Haeseler**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 17. INFORMANT **Ida Settlage**
 (ADDRESS) **4429a Floriss, Pl.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **OAK GROVE CEM. DATE 1/22 1938**
 19. FUNERAL DIRECTOR (ADDRESS) **BAUMANN BROS, INC. 1504 WOODSON RD. OVERLAND MO**
 20. FILED **JAN 22 1938** **J. Bredeck** Local Registrar.

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, Oscar J. Mueller, Licensed Embalmer No. 3039

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

L. E.

No. 3039 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Oscar J. Mueller

Licensed Embalmer No. 3039

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.)