REC'D APR 11 1938

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

791
1003

9033
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 2622
(c) City St. Louis (d) Street No. 3517A Kossuth Ave 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 Baby Dessel 240
(a) Residence, No. 3517A Kossuth Ave St. 10
(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): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1938
7. AGE: Years Still Boren; Months; Days; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) St. Louis Mo. 0

FATHER
13. NAME John Dessel 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill 0

MOTHER
15. MAIDEN NAME Alice Stiles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) John Dessel 3517A Kossuth Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens ~~Calvary~~ Cem. DATE March 19 1938
19. FUNERAL DIRECTOR (ADDRESS) Diedrich Funeral Home 8319 Hells Ferry Rd
20. FILED MAR 18 1938 J. D. Bredeck Local Registrar. 3/18/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1938
22. I HEREBY CERTIFY, That I attended deceased from —, 19...., to —, 19....
I last saw h— alive on —, 19.... Death is said to have occurred on the date stated above, at 3.30 m.
The principal cause of death and related causes of importance were as follows:
Stillbirth — Date of onset 3.17.38

Other contributory causes of importance:
Hot previous premature birth
100 mile auto Ride

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....
(Signed) T. J. Kemp, M. D.
(Address) 4503 Washington

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Arthur P. Diedrich, Licensed Embalmer No. 3556

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

8319 Halls Ferry Rd St Louis

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Arthur P. Diedrich

Licensed Embalmer No. 3556

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.)