

REC'D MAY 6 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH15932
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 20 Registered No. 782
 (c) City Florissant (d) Street No. R.R. # 1 Florissant Mo. 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

Charlotte Fanter 536
 (a) Residence, No. R.R. #1 Florissant Mo. St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fanter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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
 FATHER 13. NAME Bernard Koch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Wilhelmina Stricker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs. Ida Remmert
R.R. #1 Florissant, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE May 2, 1938
 19. FUNERAL DIRECTOR (ADDRESS) A. Row L. & Co.
2707 N. Grand Blvd.
 20. FILED 5-2 1938 J. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 - 1937 to April 29 - 1938
 I last saw him alive on April 29, 1938. Death is said to have occurred on the date stated above, at 8⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset
93 C
 Other contributory causes of importance: Suppurative Pneumonia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) John D. Farrar, M. D.
R.R. 10, Ferguson,
707 (Address)

(License Embalmer's Statement on Reverse Side)

780

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, Paul F. Swollenberg, Licensed Embalmer No. 2631

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 Paul F. Swollenberg

Licensed Embalmer No. 2631

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.)