

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16207  
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County St. Louis Missouri Registration District No. 791  
 (b) Township St. Louis Missouri Primary Registration District No. 1003  
 (c) City St. Louis Missouri (d) Street No. St. Lukes Hospital Registered No. 4068  
 (e) Length of residence in city or town where death occurred (Not Residence) (f) How long in U. S., if of foreign birth? 650 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. ASHLEY ILLINOIS (BOLO TOWNSHIP) St. NR ASHLEY ILLINOIS (BOLO TOWNSHIP)  
 (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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1866  
 7. AGE YEARS 71 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer Work  
 10. Date deceased last worked at this occupation (month and year) April 1938  
 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McClain County - ILL.

FATHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) August Brehm Ashley Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Nashville Ill DATE 5-4 1938

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe 429 N. Euclid Ave

20. FILED MAY - 2 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12 1938, to May 2 1938

I last saw him alive on May 2 1938. Death is said to have occurred on the date stated above, at 12<sup>00</sup> A.M.

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

Prostatic hypertrophy  
Myocarditis, chronic  
Anemia  
 Date of onset 5-1-38

Other contributory causes of importance: Myocarditis, chronic ?

Name of operation Prostatectomy Date of 4-30-38  
 What test confirmed diagnosis? N.F.N. 4/30/38 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) D. B. Stutsman M. D.  
 (Address) 334 University Club Bldg

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, ....., Licensed Embalmer No. ....

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. 1122

working under my personal supervision.

Signed J. S. Sullivan .....

Licensed Embalmer No. 1122

**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.)**