

REC'D SEP 14 1938

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

26989

Do not use this space.

**1. PLACE OF DEATH**

(a) County.....  
 (b) Township.....  
 (c) City..... (d) Street No. **4230 W. Lexington 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**

**Anna Doeskel**  
 (a) Residence, No. **4230 W. Lexington 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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** **Widower**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **Jacob Doeskel**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **Dec. 17, 1852**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**85 7 17**

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** **Housework**  
**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 Missouri**

**13. NAME** **Herman Beckendorf**

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

**15. MAIDEN NAME** **Johanna Unknown**

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

**17. INFORMANT (ADDRESS)** **Miss Elizabeth Doeskel 4230 W. Lexington Ave.**

**18. BURIAL, CREMATION, OR REMOVAL PLACE** **St. Peters Cemetery Aug. 8 1938**

**19. FUNERAL DIRECTOR (ADDRESS)** **Bennett Nickerson 1431 Union Blvd**

**20. FILED** **AUG 8 1938 J. D. Brudeck Local Registrar**

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **Aug. 4. 38**

**22. I HEREBY CERTIFY, That I attended deceased from** **April 1, 1938, to Aug 4, 1938**  
**I last saw her alive on** **Aug 4, 1938**. Death is said to have occurred on the date stated above, at **6 P.m.**  
 The principal cause of death and related causes of importance were as follows:

(Licensed Embalmer's Statement on Reverse Side)

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

50M-7-1 X12004

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, \_\_\_\_\_, 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. \_\_\_\_\_  
working under my personal supervision.

Signed

*Larry M. White*

Licensed Embalmer No. *3973*

**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.)**