

REC'D OCT 12 1938

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

30839
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital # 1** Registered No. **8276**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **1734a O'Fallon** St. **25** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 6, 1869**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 11 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
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) **Unknown** 7
(STATE OR COUNTRY) **Switzerland**

FATHER 13. NAME **Joseph France** 7
14. BIRTHPLACE (CITY OR TOWN) **Unknown** 7
(STATE OR COUNTRY) **Switzerland**

MOTHER 15. MAIDEN NAME **Mary Eninger**
16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Switzerland**

17. INFORMANT **City Hospital Information**
(ADDRESS) **City Hosp. # 1**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary** DATE **SEPT 22, 1938**

19. FUNERAL DIRECTOR **P. Miceli & Son**
(ADDRESS) **1150 No. Kingshighway**

20. FILED **SEP 21 1938** *J. J. Bredeck*
Local Registrar.

NO INDEPENDENT PARTS OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-17** 19**38**

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 **1:40 A.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis; Chronic Interstitial Nephritis;

Other contributory causes of importance:

Arterio Sclerosis;

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
Alfred J. Perry (Signed) Deputy Coroner
(Address) *Deputy Coroner*

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, Arnold W. Schoene, Licensed Embalmer No. 3864

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

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.)