

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

**30885**  
 Do not use this space.

**REC'D OCT 12 1938**

**791**  
**1003**

**1. PLACE OF DEATH**

(a) County St. Louis Mo Registration District No. 3  
 (b) Township St. Louis Mo Primary Registration District No. 1003 Registered No. 8322  
 (c) City St. Louis Mo (d) Street No. Enroute to City Hosp. St. 3rd  
 (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**

(a) Residence, No. 2025 S. 2nd St St. 23 (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 8 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Steam  
 9. Industry or business in which work was done, as saw mill, bank, etc. fitting  
 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) Lawrence Mass

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Geo Nehring  
2025 S. 2nd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE 9-23-38

19. FUNERAL DIRECTOR (ADDRESS) Muller Bros  
4259 Lindell

20. SEP 23 1938 19 St Bredeck Local Registrar.

**NO MEDICAL CERTIFICATE OF DEATH ATTENDANCE**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/38 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 6:00 P.M.

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

Coronary Occlusion  
Arterio Sclerosis

Other contributory causes of importance:

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) Alfred J. Peary  
 (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, Alex C. Campbell, Licensed Embalmer No. 3881  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Raymond Dehike  
..... L. E. ....  
No. 3985 or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed Alex C. Campbell  
Licensed Embalmer No. 3881

**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.)**