

DEC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

37316  
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. 1003  
(b) Township..... Primary Registration District No.  
(c) City..... St. Louis, Mo. (d) Street No. City Infirmary.  
(e) Length of residence in city or town where death occurred Life yrs mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 5800 Arsenal St. St. 13  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 7 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Not given.  
9. Industry or business in which work was done, as saw mill, bank, etc. LABORER  
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 Unknown

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) E. Molothy 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW PICKERS CEM DATE NOV. 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Jos. P. Fenoler, Jr. 7128 Michigan, Av.

20. NOV 7 1938 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936 to November 5, 1938

I last saw him alive on November 5, 1938 Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Chronic Myocarditis  
Generalized atherosclerosis

Date of onset yr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Hist. & P.E. 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) George M. Pike, M. D.

(Address) City Infirmary

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, Jos. P. FENDLER JR., Licensed Embalmer No. 925

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Jos. P. Fendler Jr.  
Licensed Embalmer No. 925

**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.)**