

1938 JAN 5 1 1938

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

791

40913

Do not use this space.

1008

Registered No. 10605

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. City Hospital No. 1 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

(a) Residence, No. 2642 De Kalb St. 23 (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 (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Doslak
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1884
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
53 11 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)..... Austria Hungary
(STATE OR COUNTRY)

FATHER
13. NAME.....

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

MOTHER
15. MAIDEN NAME..... Unknown

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

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews DATE 12/10/38

19. FUNERAL DIRECTOR (NAME) Wm. C. Moydell
(ADDRESS) 1926 Allan, Ave.

20. FILED 1781 U 10605
J. D. Brueck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/8/38, 19
22. I HEREBY CERTIFY, That I attended deceased from 11/27/38 to 12/8/38, 19
I last saw him alive on 12/8/38, 19..... Death is said to have occurred on the date stated above, 6.20 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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?.....
If so, specify.....
(Signed) Ormaywell J. M. D.
(Address) City Hospital No. 1

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.

WHILE PRINTING, WITH OVERTYPING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Benj. C. Duncan

Licensed Embalmer No. *2372*

P. O. Address *1936 Allen Ave*

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.)

If this body is not embalmed, above space should be left blank.