

DEC'D JAN 11 1939

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

41316
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, Mo. / (d) Street No..... St. Johns Hospital 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. 520 Mollie Danz,
Creve Coeur, Missouri St. NR
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Danz,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1st, 1872		
7. AGE	YEARS 66	MONTHS 0
	DAYS 20	IF LESS than 1 day, hrs. or min.
OCCUPATION	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)..... <u>St. Louis, Mo.</u> (STATE OR COUNTRY)		
FATHER	13. NAME Fred Meyer,	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Illinois</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Minnie Bishop	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Not known</u> (STATE OR COUNTRY)	
17. INFORMANT..... <u>Mr. Richard Danz,</u> (ADDRESS) <u>Creve Coeur, Missouri/.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem,</u> DATE <u>Dec. 22nd 38</u>		
19. FUNERAL DIRECTOR (NAME)..... <u>Henry Leidner Und.</u> (ADDRESS) <u>1417 N. Market Street.</u>		
20. FILED..... <u>DEC 23 1938</u> <u>J. D. Stroh</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1938, to 12/26, 1938
I last saw her alive on 12/21, 1938. Death is said to have occurred on the date stated above, at 9:20 P. m.
The principal cause of death and related causes of importance were as follows:
Heart block, no definite heart disease cause unknown
Date of onset 10/2

Other contributory causes of importance:
Hypertension

Name of operation none Date of.....
What test confirmed diagnosis? E. I. S. & 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) J. D. Stroh, M. D.
(Address) 12th Central - Clayton

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

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.

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1 NOV

12 M. Central District

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 Johani P. Buchholz
Licensed Embalmer No. 1674 J
P. O. Address 2223 St. Louis 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.