

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
738  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County St. Louis Registration District No. 791  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 627 1/2 Hook (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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registered No. 738

## 2. PRINT FULL NAME

 (a) Residence, No. 5038 Page St. Louis Mo. St. 12 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1862
 7. AGE YEARS 77 MONTHS - DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed  
 9. Industry or business in which work was done, as saw mill, bank, etc. none  
 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) Jarvis Township Ill.13. NAME William Hebbler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Ill.15. MAIDEN NAME Harriet Harris16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jarvis Township Ill.17. INFORMANT (ADDRESS) Mrs. Watter Strong Collinsville Ill.18. BURIAL, CREMATION, OR REMOVAL PLACE Harris Cemetery DATE Jan 26, 193919. FUNERAL DIRECTOR (ADDRESS) Schroepfl and Co. Inc. Collinsville Ill.20. FILED JAN 24 1939 J. B. Brudeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1939

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Fracture of Right Hips and  
Chronic Myocarditis when  
he walked into a tree  
run by his father

 Other contributory causes of importance:  
Heard at Page and Academy  
 Blvd. about 5:30 P.M. Dec 16, 1938  
in accident.
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/16/39Where did injury occur? Jarvis Ill.  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Public PlaceManner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_(Signed) Joseph M. Zimmerman M.D.  
(Address) Deputy Coroner
 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.

STATEMENT BY LICENSED EMBALMER

I, Geo M. Schaeppel, Licensed Embalmer No. 1598

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 Geo M. Schaeppel  
Licensed Embalmer No. 1598

**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.)**