

360 APR 12 1939

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

8391
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
(b) Township..... Primary Registration District No.....
(c) City ST. LOUIS MO. (d) Street No. 2106 PORTIS Registered No. 2156
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 6800 MANCHESTER St. 4
(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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF INGEBORG CARLIN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 3 1880
7. AGE YEARS 59 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. OWNER
9. Industry or business in which work was done, as saw mill, bank, etc. RESTAURANT
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) DENMARK, 7

FATHER 13. NAME UNK. CARLIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DENMARK, 7

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) OLIVER THEIS 2106A PORTIS

18. BURIAL, CREMATION, OR REMOVAL PLACE MISSOURI CREMATORY MARCH 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmur 3125 Lafayette Av.

20. FILED MAR 8 1939 J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

No attending physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939

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 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.

Date of onset

Other contributory causes of importance:

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

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 See above
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Joseph M. Schmur
(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 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 *Jose Bolmer*
Licensed Embalmer No. 4014
P. O. Address 3125 Lafayette

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.