

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

8767  
 Do not use this space.  
 2532

REC'D APR 12 1939

791  
 1003

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City St. Louis, Mo. (d) Street No. City Infirmery 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 84 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 5800 Arsenal 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31 1854</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>7</u>	DAYS <u>15</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>			
	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), (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
FATHER	13. NAME <u>Carl Dersers</u>			
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>J.G. Sullivan</u> (ADDRESS) <u>5800 Arsenal St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Mar 20, 1939</u>				
19. FUNERAL DIRECTOR (NAME), (ADDRESS) <u>Wm. Rudner &amp; Co., 1417 W. Market St.</u>				
20. FILED <u>MAR 17 1939</u> <u>J.F. Rudner</u> Local Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1939 to March 16, 1939  
 I last saw her alive on March 16, 1939. Death is said to have occurred on the date stated above, at 6:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
 Date of onset

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? N.A.P. 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) William Sapan, M. D.  
 (Address) 5600 Arsenal St.

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

K. 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.

30M-9-1-1038 I X18605

**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 Howard L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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.**