

PR 1 - 1939 **REC'D APR 7 1939**

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

12345
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
 (b) Township Bonhomme, Primary Registration District No. 116
 (c) City Valley Park (d) Street No. Cannon Rd. 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Valley Park, Mo. St. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mary Probst,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 24, 1863</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>30</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Own farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar. 1, 1938</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Co. Mo.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Anna Hoffmann,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. George Mertz Valley Park, Mo. R. #1.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trinity Cem.</u> DATE <u>4-1-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. Schradewitz Ballwin, Mo.</u>		
20. FILED <u>APR 1 - 1939</u> <u>D. M. Meyer</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Mar 31, 1939
 I last saw him alive on Mar 27, 1939. Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Chr. Myocarditis
Hypertension
 Date of onset 4 yrs

Other contributory causes of importance:
Hemiplegia (rt)
 Date of onset 6 days

Name of operation clin. findings Date of autopsy?
 What test confirmed diagnosis clin. findings

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) O. Deesfaust, M. D.
 (Address) 16 N. E. 1st Ave

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.

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.....

Geo. Schradew

Licensed Embalmer No.

3066

P. O. Address.....

Ballwin, Mo.

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.