MAY 10 1939

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

791
1003

13407
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.

(b) Township Primary Registration District No. Registered No. 3749

(c) City or Town St. Louis (d) Street No. 714 A Bittner St St.

(e) Length of residence in city or town where death occurred 75 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? 33 yrs. mos. ds.

2. PRINT FULL NAME 200 GEORGE DEES

(a) Residence, No. 714 A BITTNER St. 8 (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) DEC. 18-1883

7. AGE: YEARS 55 | MONTHS 4 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. BAKER

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) GERMANY 6

FATHER

13. NAME ADAM DEES 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME UN. KNOWN 6

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

17. INFORMANT ANNA DEES
(ADDRESS) 714 A BITTNER

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM. DATE APRIL 24 1939

19. FUNERAL DIRECTOR (NAME) DIEDRICH FUNERAL HOME
(ADDRESS) 8319 HALLS FERRY RD.

20. FILED APR 22 1939 J. F. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938 to April 21, 1939

I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 1030 a.m.

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

	Date of onset
Carcinoma of Oesophagus	?

Other contributory causes of importance:

Not Known.

Name of operation none Date of

What test confirmed diagnosis? X-RAY Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) N. G. Muller, M. D.

(Address) 8401 Broadway St. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.