

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

12626
 Do not fill this space.

Registered No. **3968**

1. PLACE OF DEATH

(a) County..... *2* Registration District No.....
 (b) Township..... Primary Registration District No.....
 or City..... **St. Louis** (d) Street No..... **3610 Oregon**..... 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **415 3610 Oregon** St. **34** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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) May 26, 1861		
7. AGE	YEARS 77	MONTHS 11
	DAYS 2	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household	
	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) Baltimore Maryland	1	
FATHER	13. NAME Christian Wolf	6
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	6
MOTHER	15. MAIDEN NAME Sophie Adler	6
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS) Mrs. Wm Vaesterman 3610 Oregon ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cemetery	DATE May 1, 1939	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden F. Home, Inc. 1936 St. Louis Avenue		
20. FILE NO. APR 29 1939	J. D. Budner Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 28, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 21, 1939, to April 28, 1939**
 last saw him alive on **April 28, 1939**. Death is said to have occurred on the date stated above, at **4:30 AM**
 The principal cause of death and related causes of importance were as follows:

Chronic Hypertension
Hypertension

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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) **Frank J. Schwaney**, M. D.
 (Address) **Washington, D. C.**

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.

Dr. Frank J. Schwarz
2800 Chippewa
6-8 PM

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 Helmut J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 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.