

JUN 12 1939

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

791
1008

16459
Do not use this space.

Registered No. 3993

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No:1 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Dempewolf

(a) Residence, No. 1906 a Penn St. 23 (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erna Dempewolf		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1887		
7. AGE YEARS 51	MONTHS 7	DAYS 6
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. laborer		
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) St. Louis, Missouri		
13. NAME August Dempewolf		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
15. MAIDEN NAME Augusta Meyers		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri		
17. INFORMANT (ADDRESS) Hosp. Info M. Kent		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE May 2/39		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fendler Und. Co. 7420 Michigna		
20. FILED MAY 1 1939 <i>J. P. ...</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/28/39**

22. I HEREBY CERTIFY That I attended deceased from **4/6/39** to **4/28/39**, 19.....
I last saw h. **him** alive on **4/28/39**, 19..... Death is said to have occurred on the date stated above, at **10.15 a.m.**
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance: **None**

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

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 **Yes**
(Signed) **Jos. L. Lucido**, M. D.
(Address) **City Hosp.**

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.....

Oliver E. Pennington

Registered Apprentice No. *186*

working under my personal supervision.

Signed.....

Harold S. Chambers

Licensed Embalmer No. *2679*

P. O. Address *1730 Leroy Ave*

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.