

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

16689  
Do not use this space.

JUN 12 1939

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1003

4223

1. PLACE OF DEATH

(a) County ..... Registration District No. ....

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

(c) City ..... St. Louis ..... (d) Street No. .... 2845 South 18th Street ..... 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 Elizabeth Blank

(a) Residence, No. 2845 South 18th Street ..... St. 24 ..... (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Blank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

72 10 18

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

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

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) Unknown France

13. NAME George Kannegieser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

15. MAIDEN NAME Katherine Haper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Wm. F. Blank 2845 South 18th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE May 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Robert 1905 So. Grand Blvd.

20. FILED MAY 6 1939 J. D. Butler Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1939, to May 4, 1939

I last saw him alive on May 3, 1939. Death is said to have occurred on the date stated above, at 12.45 P. M.

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

Chronic Myocarditis  
Arterio Sclerosis

Date of onset 8

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Frank M. Jones, M. D.  
(Address) 3912 S. Kensington, St. Louis

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, .....

*Way Robert*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Way Robert*

Licensed Embalmer No. *502*

P. O. Address *St. Louis 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.**