

REC'D JUN 12 1939

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

17206  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3  
 (b) Township St. Louis Primary Registration District No. 1008  
 (c) City St. Louis (d) Street No. Foot of Fullmer St Registered No. 4740  
 (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

(a) Residence, No. Unknown St. XX (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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
April 59

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown  
 9. Industry or business in which work was done, as saw mill, bank, etc. Unknown  
 10. Date deceased last worked at this occupation (month and year) Unknown  
 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Joseph Michael Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Calverfield DATE 5-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Bros  
3029 Lafayette Ave

20. FILER J. B. Brubaker Local Registrar

No attested MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Found Dead 5/8/39

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h..... alive on....., 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:  
Asphyxiation due to  
Drowning  
Found dead on the  
Mississippi River  
 Other contributory causes of importance:  
at the foot of Fullmer St

Causes and manner of death  
could not be determined  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? o. v. 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 \_\_\_\_\_  
 (Sign) Joseph Michael Joseph  
 (Address) Deputy Coroner

N. E.—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.

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**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

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**