

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

23827  
Do not use this space.

**AUG 11 1939**

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis (d) Street No. 4345 Lee Avenue 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**791  
1003**

Registered No. **6100**

**2. PRINT FULL NAME** 562 W Emil E. Demmrich (Emil E. Demmrich)

(a) Residence, No. 4345 Lee Avenue St. 10  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Widowed Husband of Marie A. Demmrich  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15, 1854  
 7. AGE YEARS 84 MONTHS 8 DAYS 25 IF LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
 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) 1930 11. Total time (years) spent in this occupation 50

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

13. NAME Frederich Demmrich

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs E. Wunderle  
 (ADDRESS) 4345 Lee Ave

18. BURIAL PLACE Valhalla Cem DATE 7/12/39

19. FUNERAL DIRECTOR (NAME) Kraeger-Voss-Fix  
 (ADDRESS) 3402 No. Kingshighway

20. FILED JUL 11 1939 J.F. Bredt Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18 1937 to July 10 1939  
 I last saw him alive on July 10 1939. Death is said to have occurred on the date stated above, at 6.00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the  
Throat.  
Primary site skull  
of right ear  
 Other contributory causes of importance: none.

Date of onset July

Name of operation none. Date of none.  
 What test confirmed diagnosis? none. Was there an autopsy? none.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury .....  
 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 none  
 (Signed) R. D. Rigler, M. D.  
 (Address) 412 8th Street

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.

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES

**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 Robert G. Hoppe

Licensed Embalmer No. 2971

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.**