DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939

Registration District No. 791 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27752

Primary Registration District No.

Registrar's No. 7252

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4128 SAN FRANCISCO AVE. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS, MO. 10
(If outside city or town limits, write "RURAL")

(d) Street No. 4128 SAN FRANCISCO AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HELENE HELENE A. RONSICK 522

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife EDWARD H. RONSICK

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MARCH (Month) 21 (Day) 1871 (Year)

8. AGE: Years 68 Months 4 Days 30 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation HOUSEWORK 6

11. Industry or business —

FATHER
12. Name AUGUST BOEHMER 6
13. Birthplace BREMEN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name FREDERICKA HUFENDIECK
15. Birthplace BREMEN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature Mrs Lena Ronsick
(b) Address 4128 San Francisco Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23. 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge.

19. (a) AUG 21 1939 (Date received local registrar) (b) J. F. Boehmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20
year 1939 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1, 1938, to Aug 20, 1939
that I last saw h er alive on Aug 20, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrene Rt leg	
Due to Diabetes mellitus and Arteriosclerosis	7/24/39
Due to Chronic nephritis	7/24/39
Diabetes mellitus	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations not operated
Of autopsy not made

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr W. T. Hirsch (M. D. or other) M. D.
Address 3500 N Grand Date signed 8/21/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 3-17-39 I X19511

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.....

Licensed Embalmer No. 3880

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.