REC'D SEP 7 1939

DEPARTMENT OF COMMERCE
1939 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30162

Registration District No. 200 Primary Registration District No. 113 Registrar's No. 1450

1. PLACE OF DEATH:
(a) County St. Louis 2
(b) City or town Florissant Mo. St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sinks Rd Rt. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Mo (b) County St. Louis
(c) City or town Florissant (St. Ferdinand Twp.)
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1 Sink Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Friedericka Bumb 510

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 Married
6. (b) Name of husband or wife Martin
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 29 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	9	16	hr. min.

9. Birthplace Greenville Ind.
(City, town, or county) (State or foreign country)
10. Usual occupation At home 1
11. Industry or business —

FATHER
12. Name Frederick Green 6
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Keubler
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence Bumb
(b) Address Rt. 1 Sinks Rd. Florissant Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Black Jack Cemetery
18. (a) Signature of funeral director Henderson Funeral Home
(b) Address 1136 N. Broadway
19. (a) AUG 15 1939 (Date received local registrar) R. Mae Mc (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 14 day 14
year 1939 hour 4:55 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug 11, 1939, to Aug 13, 1939, that I last saw h alive on Aug 14, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	
Due to 59	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. L. P. Ahrens (M. D. coroner)
Address Florissant, Mo Date signed Aug 15

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. If any family supplied, AGE should be carefully supplied. PHYSICIANS should state EXACTLY.

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 Mac Warfel, Registered Apprentice No. 215 working under my personal supervision.

Signed Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.