

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30174
Registrar's No. 1521

REG'D SEP 7 1939
Registration District No. 7874

Primary Registration District No. 106

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution:
412 W. Monroe, Kirkwood, Mo.
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Kirkwood, Mo.
(d) Street No. 412 W. Monroe
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Frances Margaret Scheidegger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 7 year 1939 hour 10 minute _____ M.
21. I hereby certify that I attended the deceased from July 3 1936 to Aug 26 1939
that I last saw him alive on Aug 26 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Albert P. Scheidegger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 15 -1882
(Month) (Day) (Year)

Immediate cause of death Heart failure Duration _____

8. AGE: Years 57 Months 4 Days 11 If less than one day _____ hr. _____ min.

Due to Diabetes Mellitus
Due to _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death) 59

10. Usual occupation Housework

11. Industry or business _____

12. Name John Baunker
13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name Gratemeyer
15. Birthplace France
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy none

16. (a) Informant's own signature Albert P. Scheidegger
(b) Address 412 W. Monroe Pl. N.R.

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? _____

17. (a) Burial (b) Date thereof 8-29-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S S Peter & Paul

18. (a) Signature of funeral director Louis Hopp
(b) Address 131 W. Argonne, Kirkwood, Mo

19. (a) AUG 28 1939 (b) DR. Louis Hopp
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature Dr. Louis Hopp (M.D. or other) P.C.
Address 4468 Belmar Blvd Date signed Aug 26 39

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.....

Louis H Bopp

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No. *721*

P. O. Address *Kirkwood*

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.