

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33580

Registration District No. 781A

Primary Registration District No. 200

Registrar's No. 1576

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Jefferson Barracks, (Committed)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Vet. Administration Pac., Jeff. Bks., Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6-9-39 to 9-3-39  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Alfred FOLKER 426  
3. (b) If veteran, name war Span. Amer. 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 23, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 9 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Brewery Worker 6

11. Industry or business Unknown 6

MOTHER FATHER { 12. Name Fred Folker 6  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Antoinette (Unknown)  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature In Schilling  
(b) Address Cl. Clerk, Veterans Administration

17. (a) Burial (b) Date thereof 9-6-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Frederick B. ...  
(b) Address ...

19. (a) SEP 5 1939 (b) C. W. Hughes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County --  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2921 Magnolia Ave., St. Louis, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3rd  
year 1939 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 9, 1939  
to Sept. 3, 1939  
that I last saw him alive on September 3, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease, mitral insufficiency with cardiac enlargement and auricular fibrillation. Duration \_\_\_\_\_  
Due to \_\_\_\_\_

Due to 131

Other conditions General Arteriosclerosis Unkn.  
(Include pregnancy within 3 months of death)

Major findings: Chronic Nephritis. Unkn. PHYSICIAN \_\_\_\_\_  
Of operations No operations

Of autopsy No autopsy  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(M. D. or other)

23. Signature C. W. HUGHES, Chief Med. Off.  
Address VAF., Jeff. Bks., Mo. Date signed 9-3-39

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

**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 W. E. Morris

Licensed Embalmer No. 43360

P. O. Address St. Louis Mo

**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.**