

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 37514  
Registrar's No. 9353Registration District No. 791  
1000

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5501 Tennessee Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Oscar Necker2608. (b) If veteran,  
name war None8. (c) Social Security  
No. None4. Sex Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced. Married6. (b) Name of husband or wife  
Carrie Necker6. (c) Age of husband or wife if  
alive 64 years7. Birth date of deceased Aug.  
(Month)5th  
(Day)1867  
(Year)8. AGE: Years 72 Months 2 Days 26  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Book Bänder11. Industry or business Blank Book Co.12. Name John Necker 613. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Goth  
(City, town, or county) (State or foreign country)15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Carrie Necker(b) Address 5501 Tennessee Ave.17. (a) Burial (b) Date thereof 11-3-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director Kriegerhauser Mortuary(b) Address 4228 So. Kingshighway19. (a) NOV 1 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)J.F. Bredt  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 15  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5501 5510 Tennessee Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st  
 year 1939 hour 3:45 minute A.M. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1939  
 \_\_\_\_\_, 19 Oct. 31, 19 39  
 that I last saw him alive on Oct. 31, 1939, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death.

Cerebral ThrombosisDue to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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?

23. While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

28. Signature Frank J. Schwegel (If other than \_\_\_\_\_)  
 Address 7800 Cliffside Date signed 11-3-39

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**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 *Edmund M. Gerhardt*

Licensed Embalmer No. 3024

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.**