

DEPARTMENT OF COMMERCE **FILED SEP 25 1940** STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

26861

State File No. _____

6757

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **805 St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
805 Allen 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 **50 yrs.** years, months or days)

3. (a) PRINT FULL NAME **Albert Offner 156**

3. (b) If veteran, name war _____ 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 **Minnie** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **August 17, 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	11	19	hr. _____ min.

9. Birthplace **Alsace-Lorraine 7**
(City, town, or county) (State or foreign country)

10. Usual occupation **Iron Worker**

11. Industry or business **Foundry retired**

12. Name **unknown**

13. Birthplace **Alsace-Lorraine 7**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie Offner**
(b) Address **805 Allen**

17. (a) **Burial** (b) Date thereof **Aug. 7, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Prof. Ziegenhein**

(b) Address **7027 Gravois Ave.**

19. (a) **AUG 8 1940** (b) **J. F. Bredeck**
(Date recorded locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis 23**
(If outside city or town limits, write "RURAL")
(d) Street No. **805 Allen Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **50** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **6**
year **1940** hour **3:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug. 1**
1940, to **Aug 6**, 1940
that I last saw him alive on **Aug 5**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho pneumonia 6 days
Para flisia caused by 6 yrs.
by cerebral hemorrhage
Due to _____
Due to _____

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **82a'**
Of autopsy _____

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)
(e) Means of injury **SCHINDE WOLF**

23. Signature **Schindewolf** (M. D. or other) **MD**
Address **2000 S. 9th** Date signed **8/6/40**

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

MOTHER FATHER

6757

6757

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 C. P. Kudwecc

Licensed Embalmer No. 3877

P. O. Address 7027 Grandis

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.