

REC'D AUG 11 1939 **791**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
 (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: **3157 Russell Place.** ✓
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **60 Years** years, months or days

8. (a) PRINT FULL NAME **Minnie Illi.** **H 00**
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed.**
 6. (b) Name of husband or wife **Salommon Illi.** 6. (c) Age of husband or wife if alive **5** years
 7. Birth date of deceased **October 26, 1860**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 **8** **22** hr. min.

9. Birthplace **Cape Girardeau, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business _____
 12. Name **August Klaue.**
 13. Birthplace **Hannover, Germany.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Miller.**
 15. Birthplace **Hannover, Germany.**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Albert Illi**
 (b) Address **3157 Russell Blvd**

17. (a) **Burial** (b) Date thereof **7-21-39**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**
 (b) Address **3840 Lindell Blvd**

19. **JUL 20 1939** (b) **J. F. Bittsch**
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County _____
 (c) City or town **St. Louis.** (If outside city or town limits, write "RURAL") **17**
 (d) Street No. **3157 Russell Place.** (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
 year **1939** hour **8** minute **32** P.M.
 21. I hereby certify that I attended the deceased from **April 10, 1937**, to **July 18, 1939**;
 that I last saw her alive on **July 3rd, 1939**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
 Due to **Arteriosclerosis and Hypertension** **10 days**
 Due to _____

Other conditions (Include pregnancy within 5 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____
88 W

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? _____

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

23. Signature **Edward J. Lusk** (M. D. or other)
 Address **219 W. Grand** Date signed **7/19/39**

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.

Dr. Xavier Link
Room # 28
Municipal Courts

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

Alfred J. Boedeker

Licensed Embalmer No.

2663

P. O. Address

4204 Prairie

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.