

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.

REC'D AUG 11 1939 **791**
Registration District No. **1003**

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: 3809 Indiana **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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis **34**
(If outside city or town limits, write "RURAL")
(d) Street No. 3809 Indiana
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Max Johannes 520
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30th
year 1939 hour _____ minute _____ M.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Conrad Johannes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4-10-1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 21st
March 21st, 1939, to July 30th, 1939;
that I last saw his alive on July 30th, 1939;
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 3 Days 20 If less than one day _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia
36 hours

9. Birthplace St. Louis - Mo
(City, town, or county) (State or foreign country)

Due to myocarditis chronic and chronic nephritis

10. Usual occupation housework

Other conditions 108
(Include pregnancy within 3 months of death)

11. Industry or business at home

Major findings: 108
Of operations _____

12. Name Henry Koch

Of autopsy _____

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Frieda (Unknown)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Conrad Johannes
(b) Address 13809 Indiana

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 8-2-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mattheus

(b) Date of occurrence _____

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 Grand Blvd

(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? _____

19. (a) JUL 31 1939 (b) _____
(Date received local registrar) (Signature)

While at work? _____ (Specify type of place)
(e) Means of injury 1

23. Signature [Signature] (M. D. or other) _____
Address 1661st Virginia Ave Date signed 7/31/39

4661^a Virginia

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.....

Walter L. Berryman

Licensed Embalmer No. *4018*

P. O. Address.....

St. Louis Mo.

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.