

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

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.

Registration District No. 791 Primary Registration District No. NOV 13 1939

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:
4732 Rosalie Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4732 Rosalie Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME MINNIE FANGMEYER 525
(b) If veteran, name war None
(c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Fangmeyer
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased July 7 1852
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 27
year 1939 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 15,
1938, to Oct 27, 1939
that I last saw her alive on Oct 27, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 3 20 hr. min.

Immediate cause of death
Aster's Schistosomiasis
Due to Senility
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.

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

10. Usual occupation At Home
11. Industry or business _____
12. Name John Schmitt
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mina Schleiپر
15. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant's own signature Mrs. Wm. H. Reller.
(b) Address 4732 Rosalie Street
17. (a) Burial (b) Date thereof 10/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) OCT 30 1939 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 Thomas J. Schweg (M. D. or other)
Address 4538 Washington Ave Date signed _____

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 *William G. Bushholz*

Licensed Embalmer No. *2110 S*

P. O. Address *St Louis 9A*

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.