

Registration District No. 791  
Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1005 RUE FEB 17 1940  
(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: 5162 Waterman  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community, Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5162 Waterman  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME LOUISE A. AEGERTER 263  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 488-10-2982

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1 day 13 year 1940 hour 1 minute 50 P M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 28 1874  
(Month) (Day) (Year)

Immediate cause of death Broken Neck Duration \_\_\_\_\_  
Due to Hanging by ropes.  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
65 10 15 hr. min.

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

10. Usual occupation Tailoress

11. Industry or business South Side Cleaning Co.

MOTHER FATHER  
12. Name Ferdinand Aegerter  
13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Sutter  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 102  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Lustava Aegerter  
(b) Address 5162 Waterman

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence Jan. 13 1940  
(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

17. (a) Burial (b) Date thereof 1-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Pickers

While at work (Specify type of place) (b) Means of injury Hanging by ropes

18. (a) Signature of funeral director Alexander Sons  
(b) Address 6175 Delmar Blvd.

19. (a) JAN 15 1940 (b) J. B. Brubaker  
(Date received local registrar) (Signature)

23. Signature Joseph M. [unclear] (M. B. or other) \_\_\_\_\_  
Address Deputy [unclear] Date signed 1/14

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.

**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 J. Wm. Binkley  
Licensed Embalmer No. 3653  
P. O. Address St. Louis

**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.**