

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. _____

697

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: Lutheran Convalescent Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 37 years

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6442 Virginia Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd
 year 1940 hour 2 minutes 15 a.m.

21. I hereby certify that I attended the deceased from January 1st to January 22nd, 1940, and that death occurred on the 22nd and hour stated above.

Immediate cause of death: of stroke
 Duration 6 hrs

Due to _____

Due to _____

Other conditions As heart is covered by
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. B. Burdick
(M. D. or other)
 Address 4724 Grand Date signed 1/23/40

3. (a) PRINT FULL NAME Miss Emma Wichman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 July 3, 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Logansport Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Household - Invalid

11. Industry or business _____

12. Name Albert C. F. Wichman

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

14. Maiden name Elizabeth Eberlein

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

16. (a) Informant's own signature Lidia Wichman

(b) Address 6442 Virginia

17. (a) Burial (b) Date thereof Jan 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beidersweiden funeral home
 (b) Address 1936 St. Louis Avenue St. Louis

19. (a) JAN 24, 1940
(Date received local registrar)

WHILE FURNISHING THESE CONTAINING 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.

MOTHER FATHER

Mr. W. A. Rohlfs
4724 Gravaire

12-1
7-8:30

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. 506

working under my personal supervision.

Signed Theo H Bidman

Licensed Embalmer No. 506

P. O. Address.....

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.