

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Clayton,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7515 York, Dr. 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) 563

3. (a) PRINT FULL NAME EDWARD FREDERICK IMMERTHAL,

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Immerthal. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug. 29th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Retired Druggist.

11. Industry or business - 1929 -

12. Name Herman Frederick Immerthal,

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

14. Maiden name Henrietta Wolf.

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

16. (a) Informant Mrs. Mary Immerthal.

(b) Address 7515 York, Dr.

17. (a) Burial (b) Date thereof March 23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) MAP 2-1-1940 (b) C.R. Lupton
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County County
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7515 York, Dr.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1940 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 3
1940 to March 19, 1940
that I last saw him alive on 3-19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to _____

Due to arteriosclerosis general + arteriosclerotic heart disease

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

Major findings: 95/2
Of operations _____
Of autopsy _____

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? 709
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature Milton Smith M.D. (M. D. or other) _____
Address 3720 Washington Date signed 3-21-40

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

701

1-5 PM

3/20 Mackinac
FR - 4848

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 Don R. Muschany, Registered Apprentice No. 219 working under my personal supervision.

Signed Bradford A. Miles
Licensed Embalmer No. 2901
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.