

Registration District No.

Primary Registration District No.

1003

FILED
79 JUL 27 1940

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:
3142 CAROLINE ST.
(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 MISSOURI (b) County _____
(c) City or town ST. LOUIS 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3142 CAROLINE ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME EMILY RISLER, 24

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife MARCUS I. RISLER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 12 1852
(Month) (Day) (Year)

20. DATE OF DEATH: Month June day 12 year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1940 to Jan 12 1940 that I last saw him alive on Jan 12 1940 and that death occurred on the date and hour stated above.
Immediate cause of death chronic nephritis Duration _____

8. AGE: Years 88 Months 4 Days - If less than one day hr. _____ min. _____

Due to old age

9. Birthplace NEW ALBANY, INDIANA
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation NIL

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

11. Industry or business _____

Major findings: Of operations _____

12. Name JAMES. ROWZE

Of autopsy _____

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

14. Maiden name _____

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Risler

(b) Address 7220 Nottingham Av

17. (a) BURIAL (b) Date thereof 6-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM.

18. (a) Signature of funeral director E. J. Schner

(b) Address 3125 Lafayette Av

19. (a) JUL 14 1940 (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 James M. Jovan (M. D. or other) _____

Address 2025 S. Jefferson Date signed 6-15-40

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

MOTHER FATHER

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Lemay

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.