

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis No
(b) City or town St. Louis No
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4028 N 11th St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 YRS. (Specify whether years, months or days)

8. (a) PRINT FULL NAME ANNA VON DER LAGE

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Sept. 23 1852
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Columbia Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John Keller

13. Birthplace ? 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Stephan Herman Von der Lage

(b) Address 4028 N. 11th St.

17. (a) BURIAL (b) Date thereof Aug 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA

18. (a) Signature of funeral director Stephan Herman Von der Lage

(b) Address 1936 St. Louis Ave

19. (a) AUG 1 1940 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town ST. LOUIS 26
(If outside city or town limits, write "RURAL")
(d) Street No. 4028 N. 11th (2ND FL.) REAR
(If rural, give location)
(e) ~~Foreign born; How long in U.S. _____ years.~~

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1940 hour _____ minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Heat stroke

Due to Heat stroke

Due to Heat stroke

Other conditions (Include pregnancy within 3 months of death) 191

Major findings: Of operations _____

Of autopsy _____

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) _____ (Means of injury)

23. Signature Stephan Herman Von der Lage

Address 1936 St. Louis Ave

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.