

Registration District No. 791 Primary Registration District No. 1003

FILED OCT 2 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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 12 days
In this community 12 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emilie Harder

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

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

6. (b) Name of husband or wife Alex M. Harder 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 20 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown Kohler 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Alex Harder
(b) Address 119 W. Etta ave. Lemay, Mo.

17. (a) Burial (b) Date thereof Sept. 19, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cem.

18. (a) Signature of funeral director C. Hoffmeister N. L. Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) SEP 18 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 119 W. Etta ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1940 hour 10 minute 30a. M.

21. I hereby certify that I attended the deceased from Sept. 3, 1940 to Sept. 16, 1940
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Occlusion

Due to Hypertensive heart disease

Due to arterio-sclerosis

Other conditions Ischemic Nephritis
(Include pregnancy within 3 months of death) Hemiplegia from Cerebral Embolism

Major findings: Of operations _____

Of autopsy [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) Means of injury !

23. Signature [Signature] (M. D. or other) MD
Address 421 W. Schermer Date signed 9/17/40

Duration 2 weeks
24
24
2 wks.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.