

791

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Lutheran Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Margaret Eime

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 Married

6. (b) Name of husband or wife Charles F. Eime 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 15 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days - If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John Schuetz

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

14. Maiden name Unknown

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

16. (a) Informant Chas. F. Eime

(b) Address Sappington, Mo.

17. (a) Burial (b) Date thereof Dec 18th, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation xxxxxx Park Hill Cem

18. (a) Signature of funeral director Louis H. Hoff Inc

(b) Address Kirkwood Mo.

19. (a) DEC 16 1940 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Sappington
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1940 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from Oct 2, 1940, to Dec 15, 1940
that I last saw her alive on Dec 15 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Diabetes Mellitus

Due to _____
Other conditions _____
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? _____

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

23. Signature Abel J. Spurgeon (M. D. or other)
Address Sappington Mo. Date signed 12/16/40

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.....

Louis H Bopp....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No. *921*

P. O. Address *Kirkwood*

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, fact should be so stated above.