

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community 48 yrs - 8 mo. 13 days
years, months or days

3. (a) PRINT FULL NAME Mrs. Viola M. Alzheimer

3. (b) If veteran, name war. 3. (c) Social Security No. 495-12-6780

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

6. (b) Name of husband or wife Joseph Alzheimer 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 23 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>8</u>	<u>13</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name James Thompson

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

14. Maiden name FANNIE BALDING

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

16. (a) Informant Husband - Joseph Alzheimer

(b) Address 2104 Cherokee St.

17. (a) JAN 8 1941 (b) Date thereof Jan. 8th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Ziegenfuss Bros. Ill.
(b) Address 2523 Cherokee Street

19. (a) JAN 8 1941 (b) J. T. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis 2417
(If outside city or town limits, write "RURAL")
(d) Street No. 2104 Cherokee St. P
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 1941
year. 1941 hour. 11 minute. 5 P. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1940, to Jan. 5, 1941.
that I last saw her alive on Jan 5 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Nephritis caused by Myocarditis - chronic

Due to _____
Due to _____

Other conditions Arterio media
(Include pregnancy within 3 months of death)

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) (c) Means of injury P
23. Signature J. T. Brodeur (M. D. or other) MD
Address 14500 Olive Date signed 1-26-41

Duration

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.