

Registration District No. 791 Primary Registration District No. 1003

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:
West Gate Hotel.
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution 3
in Route City Hospital (Specify whether
in this community) years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 127
(d) Street No. West Gate Hotel. (If give location) 9
No attending physician
foreign born, how long in U. S. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1941 hour 6:00 minute 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
Cerebral apoplexy
Malignant Hypertension
Due to.....
Due to.....

Other conditions
(Include pregnancy within 3 months of death) 30

Major findings:
Of operations. 30
Of autopsy. 30

Duration
PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

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 3
23. Signature W. E. Perry (M. D. or other)
Address Date signed 1/28/41

3. (a) PRINT FULL NAME Lillian Finkeldey Harmann.

3. (b) If veteran, name war No. 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 Late Dr. Peter H. Harmann. 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 18 1890.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 8 ..hr.min.

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

10. Usual occupation Retired Housewife.

11. Industry or business.....

12. Name Henry Finkeldey.

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

14. Maiden name Elizabeth Molitor.

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

16. (a) Informant W. E. Moore.

(b) Address 25 Patrica, Ferguson, Mo.

17. (a) Burial (b) Date thereof 1-29-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 28 1941 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

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

ST I I-123

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.....

John P. Bushby

Licensed Embalmer No.....

1679

P. O. Address.....

2443 St Louis Pl

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.