

S. No. 2
4-13-40
5-17-39
I X23139

Registration District No. **7911**

Primary Registration District No. **1003**

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis Co.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4516 Alice Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Minnie Filges

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F race W 5. Color or _____

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife William Filges 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug 15 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 5 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Abel

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

14. Maiden name Wilhelmina Hinghaus

15. Birthplace St. Louis _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mm Filges

(b) Address 4516 Alice Ave.

17. (a) Burial (b) Date thereof Feb. 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Reiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) FEB 8 1941 (b) J. H. Bruderk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0009

(c) City or town St. Louis _____
(If outside city or town limits, write "RURAL")

(d) Street No. 4516 Alice Ave. _____
(If rural, give location)

(e) Foreign born years _____
If foreign born, how long in U.S.A. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1941 hour 5 minute 30 P.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 Coronary Occlusion
Arteriosclerosis

Due to Arteriosclerosis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 942

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? _____ (c) Means of injury 3

23. Signature Alfred Perry (M. D. or other) _____
Address St. Louis Date signed 2/8/41

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.....

Theo M. Bendum

Licensed Embalmer No. *506*

P. O. Address *1936 St Louis Ave*

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.