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13-40
7-39
X23159

FILED MAR 25 1947 91

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1361

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:
DE PAUL (b)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COO
(c) City or town ST LOUIS 1710
(If outside city or town limits, write "RURAL")
(d) Street No. 4451 KOSSUTH 9
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1941 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from Jan. 18-41
1941, to Feb. 9. 1941,
that I last saw h. ac alive on Feb. 9. 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
delay.

Due to None
Due to None

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

Major findings: Orange Appendix
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME ANNA MOENSTER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife J. HENRY MOENSTER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 1 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 8 hr. min.

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name CHRISTOPHER LANG

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

14. Maiden name KUNIGINIDA STENGELNE

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

16. (a) Informant Christopher Moenster

(b) Address 4451 KOSSUTH

17. (a) BURIAL (b) Date thereof 2-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen - Kelly
Address 1416 N. TAYLOR AVE

19. (a) FEB 11 1941 (b) J. W. Bredeker
(Date received local registrar) (Registrar's signature)

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

Rigler
4158 Hancock

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.....

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.