

No. 2
-12-40
-17-39
X23139

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

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: Enroute to City Hosp. #1 A
(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 Elizabeth Wallinger

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 widow

6. (b) Name of husband or wife Louis Wallinger

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 30, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name John Schaefer

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

14. Maiden name Johann Martin

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

16. (a) Informant Albert Wallinger

(b) Address 2348 742 Arsenal St.

17. (a) Burial (b) Date thereof 4-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter + Paul with Bro. L. No.

18. (a) Signature of funeral director J. J. Bredich

(b) Address 2929 Jefferson Ave

19. (a) APR 29 1941 (b) J. J. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Mo. (b) County 17

(c) City or town St. Louis **9.23**
(If outside city or town limits, write "RURAL")

(d) Street No. 2346 Menard St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1941 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb _____, 1941, to April 28, 1941;
that I last saw him alive on April 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coro. Renal Disease **Duration several years**

Due to Chs. Bronchitis with several Coronal Arteriosclerosis **years**

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury None

23. Signature William H. Broderick (M. D. or other) **MD**

Address 1225 Delaney Date signed 4/28/41

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 Paul A. Shanklin Registered Apprentice No. _____ working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2979 S Jefferson

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.