

4-12-40
-17-39
X23159

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 938

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gardenville
(c) Name of hospital or institution 4942 SEIBERT AVE
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Gardenville
(d) Street No. B 4942 Seibert Ave
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HATTIE McALPINE
(b) If veteran, name war _____
(c) Social Security No. _____

20. DATE OF DEATH: Month MAY day 2ND
year 1941 hour 4 minute 50 A.M.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
7. Birth date of deceased Aug 31 - 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 15, 1941, to May 2, 1941.
that I last saw her alive on May 1st, 1941.
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial pneumonia

8. AGE: Years 72 Months 8 Days 1
If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

Other conditions Gastro Enteritis, acute
(include pregnancy within 3 months of death)

10. Usual occupation housewife

Major findings: Yellowing Cold

11. Industry or business home

12. Name Squatz Hesse

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

14. Maiden name Antonia Westermeyer

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

16. (a) Informant May Rossell
(b) Address 4942 Seibert

17. (a) Burial (b) Date thereof 5/5/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pl
(d) Signature of funeral director Henry K. Heidmuller
(e) Address 6703 Grand Ave

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? _____

23. Signature Leo Wilucki (M. D. or other) ()
Address 5402 A Grand Date signed _____

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

6
0
1

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.....

J. Wm. Penbley

Licensed Embalmer No.....

365 B

P. O. Address.....

St. Louis Mo.

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.