

FILED AUG 28 1941

1003

Registration District No. 7.91

Primary Registration District No.

Registrar's No. 5653

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:
5573 St. Edwards 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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5573 St. Edwards Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from June 4 -
July 3 - 1941, to July 3 - 1941;
that I last saw her alive on July 3 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
caused by streptococcus
infection
Due to Septicemia

Duration

2 days

Due to Streptococcus infection

3 wks

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

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

3. (a) PRINT FULL NAME Elma Lopez
3. (b) If veteran, name war _____
3. (c) Social Security No. 497-03-5638

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 29 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 11 6 hr. min.

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

10. Usual occupation Stenographer

11. Industry or business _____

12. Name Vincent Lopez

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

14. Maiden name Wilhelmina Lindner

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

16. (a) Informant Vincent Lopez

(b) Address 5573 St Edwards Ave.

17. (a) Burial (b) Date thereof July 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews

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

(b) Address 1936 St. Louis Ave.

19. (a) JUL 9 1941 (b) J. J. Predick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (b) Means of injury no

23. Signature J. J. Predick (M. D. or other)
Address 5098 Delmon Date signed July 7

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

179

4000

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.....
Licensed Embalmer No. 3737
P. O. Address 1936 N. Iowa

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.