

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26946
6738
Registrar's No.

FILED SEP 17 1941 791

Registration District No. _____

Primary Registration District No. 1003

009
17
9

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:
ST. LOUIS ALTENHEIM.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 YRS
(Specify whether _____)
In this community 5
years, months or days)

3. (a) PRINT FULL NAME LOUISA. A. GDETZ

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

7. Birth date of deceased OCT. 18 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 10 — _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant John W. Hoyt

(b) Address 5408 S. BROADWAY.

17. (a) BURIAL (b) Date thereof 8/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BALLETANTAIN CEM.

18. (a) Signature of funeral director J. O. B. Zander

(b) Address 9128 MICHIGAN A.V.

19. (a) AUG 19 1941 (b) J. A. Schubert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 S. BROADWAY.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 18
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1940 to Aug 17, 1941
that I last saw h. W. alive on Aug 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Ischemic left femoral (100%)
Due to arteriosclerosis

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

Major findings Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Fractured left leg
(b) Date of occurrence May 5 1941
(c) Where did injury occur? Home St. Louis MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes from car

While at work? _____ (Specify type of place) (e) Means of injury Fall
23. Signature Max Starbuck (M. D. or other) _____
Address 512 Dan St Date signed 8/19/41

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Fenway*

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.