

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

DEPARTMENT OF THE CENSUS  
FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7066**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 755 Dover Place.  
(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 Charles W. Inderwies  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edna Edelmann Inderwies 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased August 27 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months - Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation City Fireman

11. Industry or business St. Louis Fire Dept.

12. Name Mike Inderwies

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

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Edna Inderwies

(b) Address 755 Dover Place

17. (a) Cremation (b) Date thereof 9/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (e) Signature of funeral director John S. Ziegenhein & Sons  
(b) Address 7027 Gravois Ave.

19. (a) SEP 2 1941 (b) J. Bredich  
(Date and local health officer's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis / 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 755 Dover Place.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 22, 1941 to Aug 30, 1941;  
that I last saw him alive on Aug 30, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Right Lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration short  
1 yr

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 \_\_\_\_\_

23. Signature Adam G. Youngman (M. D. or other) OSMA  
Address 5439 Franklin Date signed 9/2/41

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.