

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33171

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8125

1. PLACE OF DEATH:

(a) County.....
(b) City or town. ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2912 MCNAIR AVE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 37 YEARS IN ST. LOUIS (Specify whether years, months or days)

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. 2912 MCNAIR
(If rural, give location)
(e) Citizen of foreign country? ILLINOIS (Yes or No)
If yes, name country 37 YEAR IN ST. LOUIS

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ELIZABETH RICKERMANN

3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month October day 9th year 1941 hour 11 minute..... P. A. M.

21. I hereby certify that I attended the deceased from October 4th, 1941, to October 9th, 1941; that I last saw her alive on October 9th, 1941; and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
7. Birth date of deceased. MARCH 20 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 19 If less than one day hr. min.

Immediate cause of death..... Duration
Acute myocarditis - from Chronic condition Oct. 4th
Acute nephritis - from Chronic condition Oct. 4th
Due to..... Chronic arthritis - of long standing.
Chronic bronchitis

9. Birthplace WATERLOO ILLS 1
(City, town or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

12. Name PETER BUETTNER

13. Birthplace WATERLOO ILLS 1
(City, town or county) (State or foreign country)

14. Maiden name WILHELMINA PETRIK

15. Birthplace ILLINOIS 1
(City, town or county) (State or foreign country)

16. (a) Informant BEN. RICKERMANN

(b) Address 2912 MCNAIR AVE

17. (a) BURIAL (b) Date thereof Oct 13 / 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WATERLOO ILLS

18. (a) Signature of funeral director Thos. Kauts & Son

(b) Address 2906 Gravois Ave

19. (a) OCT 12 1941 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations.....

Of autopsy.....

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 Chas. Jungk (M. D. Chas. Jungk)

Address 2278 S. Jefferson Date signed 10-11

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

MOTHER FATHER

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9
9

2278 A.S. J.H.
No 4216

EM 21203

THE BOARD OF

OF THE STATE

ELIZABETH H. J. J. J.

EMERALD MOUNTAIN

REGISTERED

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.....

David Miller *Jan Farnham*, Registered Apprentice No. *280*

working under my personal supervision.

Signed *Thorpe*

Licensed Embalmer No. *1619*

P. O. Address *2406 Groves*

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.