

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4024 Potomac St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 67 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")

(d) Street No. 4024 Potomac St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ida Mildstead

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 th
year 1941 hour 7 minute 15 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 30 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 20th 1941 to Oct 26, 1941
that I last saw her alive on October 21, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 1 Days 26
If less than one day _____ hr. _____ min.

Immediate cause of death Cancer of the liver Duration 3 mo.

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

Due to Cancer of right breast with metastasis ?

10. Usual occupation Home

Due to _____

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

11. Industry or business _____

12. Name August Temmelmann

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

14. Maiden name Barbara Schachner

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

Major findings: Radical amputation of right breast Mar 29, 1941

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Mildstead

(b) Address 7416 Warner Ave

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

(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? _____

18. (a) Signature of funeral director Hacker, Hecker, Knox & Bur. Co.

(b) Address 3634 Gravois Ave.

While at work? _____ (Specify type of place) (e) Means of injury 0

19. (a) OCT 28 1941 (b) J. F. Prudeok
(Date received local registrar) (Registrar's signature)

23. Signature Douglas A. Hill (M. D. or other) MD

Address 7166 Manchester Date signed 10/27/41

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..... *Robert Corbiter*

Licensed Embalmer No. *2128*

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.