

STANDARD CERTIFICATE OF DEATH

State File No. **511**
Registrar's No. **985**

FILED FEB 24 1942 791

Registration District No. _____

Primary Registration District No. **1003**

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: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 DAYS**
(Specify whether in this community **22 YRS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **ST. LOUIS** **717**
(If outside city or town limits, write "RURAL")
(d) Street No. **4917 EMERSON** **9**
(If rural, give location)
(e) Citizen of foreign country? **U. S. BORN.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ERNESTINE KOWATZSCH**

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

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

6. (b) Name of husband or wife **FRANK** 6. (c) Age of husband or wife if alive **=** years

7. Birth date of deceased. **SEPT. 27 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **BELLEVILLE ILL.**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **Stephen HIRSCH**

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

14. Maiden name **HELEN (UNKNOWN)**

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

16. (a) Informant **Elsie Kowatsch**

(b) Address **4917 Emerson Ave**

17. (a) **BURIAL** (b) Date thereof **FEB 6 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FRIEDENS CEMETERY**

18. (a) Signature of funeral director **Benderman's Funeral Home**

(b) Address **1926 St. Louis Ave**

19. (a) **JAN 31 1942** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **30** year **1942** hour **10** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **May 1 1942** to **Jan 30 1942** and that death occurred on the date and hour stated above.

that I last saw her alive on **Jan 20 1942**
Immediate cause of death **Degenerative heart disease** Duration **3 yrs**

Due to _____
Due to **Secondary anemia** **1 yr**

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

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN **[Signature]**
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 **J. F. Bredeek** (M. D. or other) **MD**

Address **639 N. 1st** Date **Jan 21 1942**

Dr. J. Finnegan

539 N. Grand.

Humboldt Bldg.

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.....
[Signature]

Licensed Embalmer No. *3737*

P. O. Address *1936 N. Grand*

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.