

FILED MAR 17 1942

791

Primary Registration District No. 1005

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

**1. PLACE OF DEATH:**

(c) 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:  
Carrie Elligson Gietner  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Months  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** Genevieve Schlanger

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

4. Sex Female! 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased October 2 1862  
(Month) (Day) (Year)

**8. AGE:** Years 79 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Michael Jodd

13. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

14. Maiden name Becherer

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

16. (a) Informant Carl Schlanger

(b) Address 4635 Adkins Av.

17. (a) Burial (b) Date thereof Feb. 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Helken-Benz

(b) Address 2842 Meramec St.

19. (a) Feb 24 1942 (b) J. P. Buddeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri County St. Louis

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

(d) Street No. 4635 Adkins Av.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 22nd.  
year 1942 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov. 18  
1941, to Feb. 22, 1942  
that I last saw her alive on Feb. 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic  
Artetial hypertension  
Paralysis from old cerebral hemorrhage

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations 93d  
Of autopsy 172C

**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) Means of injury 0

23. Signature J. P. Buddeck (M. D. or other) \_\_\_\_\_  
Address 5000 S. Broadway Date signed 2/25/42

**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 Me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Loren E. Perry

Licensed Embalmer No. 4094

2842 Meramec St.  
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.**