

FILED APR 20 1942

Registration District No. 791

Primary Registration District No. 1003

3331
Registrar's No. 882x

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:
3417a Lemp Ave.
 (If not in hospital or institution, write street number or location) /
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3417a Lemp Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Magdalena Huenergarth

3. (b) If veteran, name war -- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 28 1870
 (Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 16
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Conrad Kempf

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

14. Maiden name Unknown

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

16. (a) Informant Fred Huenergarth

(b) Address 1503 Telegraph Road

17. (a) Burial (b) Date thereof 4/16/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Maedel-Heldner H&D Co

(b) Address 3634 Gravois Ave

19. APR 14 1942 (Date received from registrar) (b) J. F. Budeck (Registrar's signature)

20. DATE OF DEATH: Month April day 13 th.
 year 1942 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 13
 1941, to April 13, 1942
 that I last saw him alive on April 13, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Chronic

Due to arterial sclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93d
7/2

Major findings: Of operations X

Of autopsy X

Duration

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 L. H. Murray (M. D. or other) _____

Address 900 - Russell Date signed 4/14/42

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

MOTHER, FATHER

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.