No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12931

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3415

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: 5010 Thrush Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5010 Thrush 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AMALIA E. NORDMEYER

3. (b) If veteran, name war *

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Fred Nordmeyer

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Aug. (Month) 11 (Day) 1867 (Year)

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

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm. Mueller
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Schroeder
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Fred Nordmeyer
(b) Address 5010 Thrush Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Bedenkamp Funeral Home
(b) Address 1936 N. Kings Hwy

19. (a) APR 16 1942 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14 year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from april 9 1942 to april 14 1942 that I last saw her alive on april 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis — Duration Dont know

Due to —

Due to —

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

Major findings: —
Of operations

Of autopsy —

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 0

23. Signature R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Date signed 4/16/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Menoun - 5330 Geraldine. 8 to 10 A.M. Th

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 St. Louis Ave.

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.