

FILED MAY 19 1942 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4149

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution 5859 Loran St.
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 5859 Loran St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline Waldermeyer

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Waldermeyer 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 15, 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 24 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 None

12. Name (Unknown) Schwendt

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

14. Maiden name Unknown

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

16. (a) Informant (b) Address 5859 Loran Street

17. (a) Burial (b) Date thereof 5-12-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd

19. (a) MAY 11 1942 (Date received local registrar) (b) J. J. Prodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1942 hour 5:25a.m. minute M.

21. I hereby certify that I attended the deceased from May 7, 1942 to May 9, 1942 that I last saw him alive on May 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to -
Due to -
Other conditions - (Include pregnancy within 3 months of death)

Major findings: Of operations -
Of autopsy -

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 J. J. Prodeck (M. D. or other) J. Pro. Address 812 S. Grand Street Date signed 5/9/42

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

MOTHER FATHER

RECORDS OF THE BOARD OF HEALTH
1211 NO 11 11 50

Dr Geo. F Rendleman
812 Olive
Chestnut 9261

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..... *Virgil L. Berryman*

Licensed Embalmer No..... *4018*

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.