

FILED MAY 4 1942

Registration District No. 280

Primary Registration District No. 117

Registrar's No. 917

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution: 135 S. Laclede Rd.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 135 S. Laclede Rd.
(e) If foreign born, how long in U. S. A.? 58 years.

3. (a) PRINT FULL NAME William Constanz

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hulda 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March 8 1870

8. AGE: Years 72 Months 1 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Germany

10. Usual occupation Retired Machinist

11. Industry or business Public Service Co.

12. Name August Constanz

13. Birthplace Germany

14. Maiden name Unknown

15. Birthplace Germany

16. (a) Informant August Constanz

(b) Address 135 S. Laclede Rd.

17. (a) Burial (b) Date thereof 4-27-42

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director Hoffmeyer

(b) Address 6464 Chipmunk Str.

19. (a) APR 24 1942 (b) H. Mc. Leman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Old infarct of intraventricular septum; hypertrophy &

Due to dilatation of heart; arterio-sclerosis of coronary and basilar

Other conditions arteries, adv.; focal encephalomalacia (old) of

Major findings: cerebral & cerebellar cortex.

Of operations Yes.

Of autopsy Yes.

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 Louis H. Bopp (M.D. or other) _____

Address Kirkwood, Mo. Date signed 4/24/42

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

6
7
4

LP

101

96
7
4
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Richard L. Hoffmeister, Registered Apprentice No. *291*
working under my personal supervision.

Signed *Edward H. Leisinger*

Licensed Embalmer No. *4049*

P. O. Address *6464 Cliffwood*

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.