

Registration District No. **791**

Primary Registration District No. **1003**

State File No.

Registrar's No. **5930**

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community **68 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **008**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **Oznanan Shelter 3500 Montgomery** (If rural, give location) **9 11**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **George Middlekamp**

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

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

6. (b) Name of husband or wife **Nil** 6. (c) Age of husband or wife if alive **Nil** years

7. Birth date of deceased **June 28 1974**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 12 hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business **None**

12. Name **Gerhart Middlekamp**

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

14. Maiden name **Louise Jasper**

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

16. (a) Informant **William Middlekamp**

(b) Address **4335 N. 21st St.**

17. (a) **Burial** (b) Date thereof **7/14/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Friedens**

(b) Address **89 St. W. 20th St.**

19. (a) **JUL 13 1942** (b) **J. F. [Signature]**
(Date local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **1D** th
year **1942** hour **9:50** minute **A.** 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.....

Cerebral Apoplexy;

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 **3**

23. Signature **Alfred J. Perry** (M. D. or other)

Address **.....** Date signed **7/13/42**

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

MOTHER FATHER

006
17
9

844

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... *Alfred J. Boedeker*
Licensed Embalmer No. *2663*
P. O. Address *5934 Alpha*

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.