

FILED JUN 29 1942

Registration District No. 154

Primary Registration District No. 200

Registrar's No. 1340

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Affton Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Donivan & Frances /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Affton
 (If outside city or town limits, write "RURAL")
 (d) Street No. Donivan & Frances
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julia Feick
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1942 hour 8 minute 30 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Adam 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan. 15 1866
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 12 to June 19, 1942
 that I last saw him alive on June 19, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 5 4 hr. _____ min.

Immediate cause of death: Chr. Myocarditis
 Due to: Arteriosclerosis

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

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

10. Usual occupation: House Work

Major findings: 93d
 Of operations: _____

11. Industry or business: At Home

Of autopsy: _____
 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 _____

12. Name: John Rohr

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

14. Maiden name: Unknown

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

16. (a) Informant: Rose Wiedemer

(b) Address: Donivan & Frances Affton Mo.

17. (a) Burial (b) Date thereof: 6-22-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Park Lawn

18. (a) Signature of funeral director: E. Schumacher

(b) Address: 3013 Meramec St.

19. (a) JUN 22 1942 (b) E. G. McMillan
 (Date received local registrar) (Registrar's signature)

23. Signature: Edw. J. Starn (M. D. or other)
 Address: 2805 DeBourcy Date signed: 6/22/42

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

96
00

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

PROG STORA
MID BAPTIST
9 AM.

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.....

George Desaulniers
working under my personal supervision.

Registered Apprentice No. _____

Signed *George Desaulniers*

Licensed Embalmer No. 2906

P. O. Address 3013 Quance

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.