

S. No. 2
M-9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

23022
6294

State File No.

Registrar's No.

FILED AUG 6 1942 791

Registration District No.

Primary Registration District No.

000
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
3919a Botanical
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... none
(Specify whether
In this community..... life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 3919a Botanical
(If rural, give location)
(e) Citizen of foreign country?..... NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Hulda Pfenninger
3. (b) If veteran, name war..... none
3. (c) Social Security No..... none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... July day..... 24
year..... 1942 hour..... 2 minute..... 50 a.m.

4. Sex..... Female / 5. Color or race..... White
6. (a) Single, widowed, married, divorced..... Widowed

21. I hereby certify that I attended the deceased from July 17 1942 to July 23 1942
that I last saw him..... alive on July 23
and that death occurred on the date and hour stated above.

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

Immediate cause of death..... Acute Myocardial Infarction
Due to..... arteriosclerosis

7. Birth date of deceased..... October 4 1875
(Month) (Day) (Year)

Duration..... 7 days

8. AGE: Years..... 66 Months..... 9 Days..... 20
If less than one day..... hr..... min.

Due to..... arteriosclerosis

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

Due to..... arteriosclerosis

10. Usual occupation..... Housewife

Other conditions..... 10/1/42
(Include pregnancy within 3 months of death)

11. Industry or business..... At home

Major findings:
Of operations..... 5/1

12. Name..... August Haeuptner

Of autopsy.....

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

PHYSICIAN.....

14. Maiden name..... Augusta Fish

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant..... Edna Gudermuth

(a) Accident, suicide, or homicide (specify).....

(b) Address..... 3919a Botanical

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof..... July 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?..... (City or town) (County) (State)

(c) Place: burial or cremation..... Sunset Cemetery

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director..... A. W. McLaughlin
(b) Address..... 2301 Lafayette

While at work?..... (Specify type of place) (Specify type of place)
23. Signature..... Martin J. [unclear] M. D. or other..... M.D.

19. (a) JUL 29 1942 (b) J. F. Buseck
(Date received local registrar) (Registrar's signature)

Address..... 506 Blair St. Date signed..... 7-25-42

824

(Licensed Embalmer's Statement on Reverse Side)

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.....
Charles Neighbors....., Registered Apprentice No. *319*
working under my personal supervision.

Signed.....*Paul A. Keith*.....
Licensed Embalmer No. *3612*
P. O. Address *2317 Lafayette*

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.