

FILED JUL 28 1942

Primary Registration District No. **1003**

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12
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:
4034 Greer Ave
(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 **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **19**
(d) Street No. **4034 Greer Ave** (If rural, give location) **9/0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Kunigunde Schroeder**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **February 24 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 24 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Ludwig Will**

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

14. Maiden name **Ernestine Kulp**

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

16. (a) Informant **Oskar Schroeder**

(b) Address **4034 Greer Ave**

17. (a) **Burial** (b) Date thereof **July 21 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cem**

18. (a) Signature of funeral director **Beiderwieden Funeral Home Inc**

(b) Address **1936 St. Louis Ave**

19. (a) **JUL 20 1942** (Date received local registrar)
J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1942** hour **3:15** minute **A** M.

21. I hereby certify that I attended the deceased from **July 18 1942**
that I last saw him alive on **July 17 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Inoperability** Duration **12 yrs**

Due to _____
Due to _____

Other conditions **Mitral Regurgitation** **12 yrs**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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?

23. Signature **Arthur P. Smith** (M. D. **Smith**)
Address **4500 Clarence** Date signed **July 18 1942**

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.....

Licensed Embalmer No.

P. O. Address.....

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.