

Registration District No. **218** Primary Registration District No. **1002**

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

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>St. Louis</u></p> <p>(b) City or town <u>St. Louis</u> <small>(If outside city or town limits, write "RURAL" and name of township)</small></p> <p>(c) Name of hospital or institution <u>Lutheran Altenheim 8721 Halle Ferry</u> <small>(If not in hospital or institution, write street number or location)</small></p> <p>(d) Length of stay: In hospital or institution <u>?</u> <small>(Specify whether years, months or days)</small></p> <p>In this community <u>?</u></p>		<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>Mo.</u> (b) County <u>8</u></p> <p>(c) City or town <u>St. Louis</u> <small>(If outside city or town limits, write "RURAL")</small></p> <p>Street No. <u>8721 Halle Ferry Rd. (Luth. Altenheim)</u> <small>(If rural, give location)</small></p> <p>(e) Citizen of foreign country? <u>?</u> (Yes or No) If yes, name country <u>?</u></p>	
<p>3. (a) PRINT FULL NAME <u>LENA MILLER</u></p>		<p>MEDICAL CERTIFICATION</p>	
<p>3. (b) If veteran, name war <u>?</u></p>		<p>3. (c) Social Security No. <u>?</u></p>	
<p>4. Sex <u>Female</u></p>		<p>5. Color or race <u>W.</u></p>	
<p>6. (b) Name of husband or wife <u>?</u></p>		<p>6. (a) Single, widowed, married, divorced <u>W. 2</u></p>	
<p>7. Birth date of deceased <u>Dec. 27 1867</u> <small>(Month) (Day) (Year)</small></p>		<p>6. (c) Age of husband or wife if alive <u>?</u> years</p>	
<p>8. AGE: Years <u>74</u> Months <u>10</u> Days <u>4</u></p>		<p>8. (a) Single, widowed, married, divorced <u>W. 2</u></p>	
<p>9. Birthplace <u>Germany</u> <small>(City, town, or county)</small></p>		<p>8. (b) If less than one day <u>?</u> hr. <u>?</u> min.</p>	
<p>10. Usual occupation <u>at home</u></p>		<p>20. DATE OF DEATH: Month <u>Oct.</u> day <u>1</u> year <u>1942</u> hour <u>?</u> minute <u>?</u> M.</p>	
<p>11. Industry or business <u>?</u></p>		<p>21. I hereby certify that I attended the deceased from <u>June 1</u>, 19<u>42</u>, to <u>Oct. 1</u>, 19<u>42</u>, that I last saw h. <u>ea.</u> alive on <u>Sept. 30</u>, 19<u>42</u>, and that death occurred on the date and hour stated above.</p>	
<p>12. Name <u>?</u></p>		<p>Immediate cause of death <u>Chronic Myocarditis</u></p>	
<p>13. Birthplace <u>?</u> <small>(City, town, or county)</small></p>		<p>Due to <u>Terminal Acquired Pneumonia</u></p>	
<p>14. Maiden name <u>?</u></p>		<p>Due to <u>?</u></p>	
<p>15. Birthplace <u>?</u> <small>(City, town, or county)</small></p>		<p>Other conditions <u>?</u> <small>(Include pregnancy within 3 months of death)</small></p>	
<p>16. (a) Informant <u>Mrs. Spencer</u></p>		<p>Major findings: <u>?</u></p>	
<p>(b) Address <u>Luth. Altenheim</u></p>		<p>Of operations <u>?</u></p>	
<p>17. (a) <u>Burial</u> (b) Date thereof <u>Oct. 3 1942</u> <small>(Burial, cremation, or removal) (Month) (Day) (Year)</small></p>		<p>Of autopsy <u>?</u></p>	
<p>(c) Place: burial or cremation <u>Concordia</u></p>		<p>PHYSICIAN</p>	
<p>18. (a) Signature of funeral director <u>?</u></p>		<p>Underline the cause to which death should be charged statistically.</p>	
<p>(b) Address <u>1936 N. Long Ave.</u></p>		<p>22. If death was due to external causes, fill in the following:</p>	
<p>19. (a) <u>OCT 3 1942</u> (b) <u>J. F. Bredek</u> <small>(Date received local registrar) (Registrar's signature)</small></p>		<p>(a) Accident, suicide, or homicide (specify) <u>?</u></p>	
		<p>(b) Date of occurrence <u>?</u></p>	
		<p>(c) Where did injury occur? <u>?</u> <small>(City or town) (County) (State)</small></p>	
		<p>(d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>?</u></p>	
		<p>While at work? <u>?</u> (Specify type of place)</p>	
		<p>(e) Means of injury <u>?</u></p>	
		<p>23. Signature <u>Thelma Jess</u> (M. D. or other) <u>M.D.</u></p>	
		<p>Address <u>3611 St. Louis Ave.</u> Date signed <u>10-1-42</u></p>	

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. *3737*

P. O. Address..... *1936 St. Louis Ave*

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.