

FILED OCT 21 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8291

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:
De Paul Hospital 0
(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.....
(c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4947 Theodore Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Emma Kelle**

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

4. Sex **Female** / race **White** 5. Color or race.....
6. (a) Single, widowed, married, divorced, widowed.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Oct 10 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 25 hr. min.

9. Birthplace **Ill. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....
12. Name **Herman Middendorf**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Erdmann**
15. Birthplace **Ill. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Erna Estep**
(b) Address **5119 Lotus Ave.**

17. (a) **Removal** (b) Date thereof **10-7-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Venedy Ill.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**

19. (a) **OCT 6 1942** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **5**
year **1942** hour **1** minute **50 A M.**

21. I hereby certify that I attended the deceased from **Oct 15** to **Oct 15** 19**42**
that I last saw him alive on **Oct 14** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Due to **Myocardial Infarction**
Failure of Myocardium
Due to **Cardiac Ischemia**
Other conditions **Bronchial Asthma**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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.....
23. Signature **J. F. Brudek** (M: D. or other)
Address **Union Club Bldg** Date signed **10/15/42**

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

MOTHER FATHER

Businesses Club 11/19
1-3 P.M.

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..... *Warren A. Carver*.....
Licensed Embalmer No..... *3534*.....
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.