

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39093**
23
Registrar's No.

FILED JAN 14 1943

318

Registration District No.

Primary Registration District No.

10

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(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 8 days.
In this community 13 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town St. Libery
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Fred Middendorf Sr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katherine Middendorf 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov 19 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Washington Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business General farming

12. Name Fred Middendorf

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

14. Maiden name Alice King

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

16. (a) Informant George Middendorf

(b) Address St. Libery Ill.

17. (a) St. Libery Ill. (b) Date thereof Jan 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Libery Cath. Cem.

18. (a) Signature of funeral director Emmett S. L. Moll

(b) Address Muscatel Ill.

19. (a) JAN 3 1943 J. F. Buech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1943 hour 7¹⁵ minute 17 M. A.
21. I hereby certify that I attended the deceased from 12-25-42
_____ 19____ to 1-1-43 19____
that I last saw him live on 1-1-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 days
Due to Don't know

Other conditions Arteriosclerosis
(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? _____

23. Signature Walter H. Roemer
Address 1506 St. Louis Date signed 1-3-43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Emmet G. L. Moll
Licensed Embalmer No. 2898
P. O. Address Marion, Ill.

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.