

FILED JAN -5 1943

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10747

1. PLACE OF DEATH:

318

(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:
3723 HUMPHREY ST. /
(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. **3723 HUMPHREY ST.**
(If rural, give location)
(e) Citizen of foreign country?..... **NO.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ALFRED L. ODENWALDER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced, **MARRIED**
6. (b) Name of husband or wife **HELENA ODENWALDER** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **MARCH 8 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 14 hr. min.

9. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **CLERK COLUMBIA TERMINAL CO**

11. Industry or business.....

MOTHER FATHER { 12. Name **ALBERT ODENWALDER**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **LUCY MARTIN**
15. Birthplace **FRANCE 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **RAY D. ODENWALDER**
(b) Address **3723 HUMPHREY ST.**

17. (a) **BURIAL** (b) Date thereof **12-26**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Alvin J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **DEC 23 1942** (b) **J. P. Bredak**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **22**
year **1942** hour **7** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Nov 10**
19 **42** to **Dec 27** 19 **42**
that I last saw him alive on **12-20-42** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Disease
Ch Myocarditis
Arterio Sclerosis** Duration **7 years**

Due to **Ch Bimchitus** **7 years**

Other conditions **Ch Bimchitus** **7 years**
(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 **J. P. Bredak** (M. D. or other) **MD**
Address **3115 89th** Date signed **1/23/43**

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

846

*Dr. Boddenthal
3115 S Grand
2-3*

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Hindell*

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.