

FILED FEB 23 1943 18

Registration District No.

Primary Registration District No.

Registrar's No. 1417

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2423^a Blair Ave 3
(If not in hospital or institution, write street number or location)
(d) Length of stay in hospital or institution En Route City Hosp #1
in this community 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2425 Blair ave. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
No Attending Physician
(If yes, name country)

3. (a) PRINT FULL NAME Charles Just

3. (b) If veteran, name war World War #1 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 25 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Julius Just

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

14. Maiden name Margaretha Studt

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

16. (a) Informant Eleanor Hairer
(b) Address 626 Waller ave. Lemay, Mo.

17. (a) Burial (b) Date thereof Feb. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.A.L.Co.
(b) Address 7814 S. Broadway

19. (a) FEB 13 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Feb day 9 year 1943 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis
Due to 12/1

Other conditions (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) (b) Means of injury _____
23. Signature Walter Henry (M. D. or other) _____
Address Supply Co. Date signed 2/13/43

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

290

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Louis C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S Broadway

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.