

State File No.

Registrar's No.

LED APR 28 1943 818
Registration District No.

Primary Registration District No. 1003

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:
3914a Botanical /
(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..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3914a Botanical
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hermann Listemann

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..... Olga Listemann 6. (c) Age of husband or wife if alive..... 74 years

7. Birth date of deceased..... February 14, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 5 hr. min.

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

10. Usual occupation..... Retired--Pattern Maker

MOTHER FATHER { 11. Industry or business.....

12. Name..... Albert Listemann

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

14. Maiden name..... Christiane Pape

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

16. (a) Informant..... Elice Listemann.

(b) Address..... 3914a Botanical

17. (a) Cremation (b) Date thereof..... 4/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Missouri Crematory

18. (a) Signature of funeral director..... Weick Bros.

(b) Address..... 2201 S. Grand Bl.

19. (a) APR 27 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 9 minute 10 p.m.

21. I hereby certify that I attended the deceased from April 14 1943 to April 19 1943
that I last saw him alive on April 19 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Acute myocarditis Duration 1 wk

Due to chronic nephritis

Due to

Other conditions.....
(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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... Edna M. Stone (M. D. or other)
Address..... 4916 Adell Date signed 4/20-43

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

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.....

Mary A. Stewart

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.