

STANDARD CERTIFICATE OF DEATH

State File No.

JUN 4 1943

318

Registration District No.

Primary Registration District No.

Registrar's No. 4780

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:
4422 Bessie Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
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. 4422 Bessie Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ida Kawell

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd.
year 1943 hour 6.30 minute P. M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife August Kawell

6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased: Nov. 19th. 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18
1943 to May 21 1943
that I last saw h. ET alive on May 21 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 6 Days 3
If less than one day
..... hr. min.

Immediate cause of death: Cerebral Apoplexy

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Herman Rasche

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Schewe

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Hollingsworth

(b) Address 4422 Bessie Ave.

17. (a) Burial (b) Date thereof 5-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAY 2 (b) J. J. Busch
(Date received local registrar's certificate) (Registrar's signature)

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)

Means of injury.....

23. Signature J. J. Busch (M. D. or other) MD

Address 4439 N. Howard Date signed May 21 1943

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address. 3710 N. Grand Bl

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.