

FILED SEP 17 1943

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran Hospital.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri.** (b) County **17**
(c) City or town **Saint Louis,** (If outside city or town limits, write "RURAL") **124**
(d) Street No. **3444-A Ohio Ave.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hilda Giedeman**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Joseph C. Giedeman** 6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **April 3rd, 1898.**
(Month) (Day) (Year)
8. AGE: 45 Years 5 Months 3 Days If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **6th,** year **1943.** hour **6** minute **0 A.** M.

21. I hereby certify that I attended the deceased from **Aug. 24th, 1943** to **Sept. 6th, 1943;** that I last saw her alive on **Sept. 5th, 1943;** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Bronchial Pneumonia** Duration **24 hrs**
Due to _____
Due to _____

Other conditions **Asthma** **107** **4 da**
(Include pregnancy within 3 months of death)

Major findings: Of operations **XXXX**
Of autopsy **none**
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 **0**
23. Signature **Dr. H. H. Walter** (M. D. or other) _____
Address **3608 So. Grand Blvd** Date signed **9/14/43**

9. Birthplace **Saint Louis, Missouri.** (City, town, or county) (State or foreign country)
10. Usual occupation **House-Wife.**
11. Industry or business _____
12. Name **Bernhard Ehrhardt**
13. Birthplace **Unknown Germany 4** (State or foreign country)
14. Maiden name **Anna Friedrich** (City, town, or county) (State or foreign country)
15. Birthplace **Unknown Germany 4** (City, town, or county) (State or foreign country)
16. (a) Informant **Joseph C. Giedeman**
(b) Address **3444-A Ohio Ave.**
17. (a) **Burial** (b) Date thereof **Sept. 9, 1943.** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews Cemetery.**
18. (a) Signature of funeral director **Ziegler Bros.**
(b) Address **6409 Gravois Ave.**
19. (a) **SEP 7 1943** (b) **J. Friedrich** (Date received local registrar) (Registrar's signature)

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..... *V. E. Morris*

Licensed Embalmer No..... *3360*

P. O. Address:.....

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.