P. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40025

DEC 29 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 11161

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 0
(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 17 000

(c) City or town Saint Louis, 9 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4633 Dahlia Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Illmer

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Theresa Illmer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April (Month) 28th, (Day) 1876. (Year)

8. AGE: Years 67 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Confectionary Store

11. Industry or business

FATHER
12. Name ? Illmer
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Theresa Illmer
(b) Address 4633 Dahlia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16-43. (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenheim Bros
(b) Address 6409 Gravois Ave.

19. (a) DEC 15 1943 (Date received local registrar) (b) J. F. Bridson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th, year 1943. hour 9 minute 30 A. M.

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

Immediate cause of death Duration

Due to Pulmonary Embolism following operation for Tumor of Sigmoid on Dec 13, 1943 at Luther Hospital

Due to

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry 3 (M. D. or other):

Address Deputy Coroner Date signed 12/13/43

(Licensed Embalmer's Statement on Reverse Side)

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 Juddie A. Zuzenbein

Licensed Embalmer No. 2270

P. O. Address 6409 Gravois

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.