

v. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED FEB 11 1944

318

1003

Registration District No.
Municipal Registration District No.

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

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:
4040 Bates St /
(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:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4040 Bates St
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ridenour

3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex Female / 5. Color or race White

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

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

7. Birth date of deceased April 3 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>9</u>	<u>27</u> hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name Henry Volkening

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

14. Maiden name Julia Vonhoderman

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

16. (a) Informant Mrs. L. P. White

(b) Address 4040 Bates St

17. (a) Burial (b) Date thereof Feb 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) FEB 2 (b) J. F. Bredbeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day January
year 1944 hour 10:55 minute P. M.

21. I hereby certify that I attended the deceased from 1941
....., 19....., to Jan 28, 1944, 19.....
that I last saw her alive on Jan 28, 1944, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Haememia
Arthritis deformans
T. lind.
Insomniac of wine

Duration 40 yrs.

Due to 59

Other conditions (Include pregnancy within 3 months of death)
Patent had found 18 yrs.

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 J. H. Schuetter (M. D. J. H. Schuetter)
Address 5401 S. Grassie Date signed.....

100

Dr. Schaeffer
1701 Browns
040-5050
1-4-3

75 6 30

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 *Frank J. Brown*.....

Licensed Embalmer No. *2245*.....

P. O. Address *St. Louis, Mo.*.....

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.