

REGISTRATION DISTRICT NO. 18

Primary Registration District No. _____

Registrar's No. 2671

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County 17
(c) City or town St. Louis, 92
(If outside city or town limits, write "RURAL")
(d) Street No. 4674 Allemania,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine T. Hertel

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 19
year 1944 hour 9: minute 30 P. M.

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from MAR 6 1944, to MAR 19 1944
that I last saw her alive on MAR 19 1944
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Nicodemus M. 6. (c) Age of husband or wife if alive 49 years

Immediate cause of death ADENO CARCINOMA OF UTERUS INDEFINITE

7. Birth date of deceased March 21, 1895
(Month) (Day) (Year)

Due to CAUSE UNKNOWN

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: ADENO CARCINOMA OF UTERUS
Of autopsy NONE

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation At Home

11. Industry or business _____

12. Name Walter Goldian

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

14. Maiden name Dont Know

15. Birthplace Dont Know, (City, town, or county) (State or foreign country) 9

16. (a) Informant Nicodemus M. Hertel

(b) Address 4674 Allemania

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 3/22/44
(Month) (Day) (Year)

(c) Place: burial or cremation New SS, Peter & Paul Cem.

18. (a) Signature of funeral director John J. [unclear]

(b) Address 2842 Meramec St.

19. (a) MAR 21 1944 (Date received local registrar) J. F. [unclear] (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) (e) Means of injury _____

23. Signature John O. [unclear] (M. D. or other) _____
Address Metropolitan Bldg Date signed 3/20/44

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

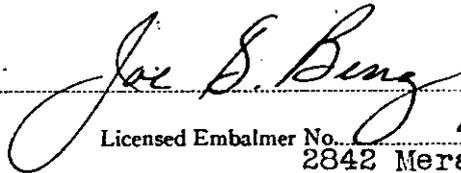
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4249

2842 Meramec St.,

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.