

FILED
MAR 27 1944 **318**
Registration District No.

Primary Registration District No. **1003**

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:
3908 N. 22nd 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 85 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

(c) City or town St. Louis **920**
(If outside city or town limits, write "RURAL")

(d) Street No. 3908 N. 22nd St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Lizzie Sollers

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1944 hour 10 minute P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Herman Sollers

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

7. Birth date of deceased December 25 1958
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb-8 1944 to March 15 1944
that I last saw her alive on March 13 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

85 2 20 hr. min.

Immediate cause of death Chronic myocarditis

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death) 73

Major findings: Of operations.....

Of autopsy.....

10. Usual occupation Housework

11. Industry or business.....

12. Name Wm. Redecker

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

14. Maiden name Unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie Crutsinger

(b) Address 3908 N. 22nd St.

17. (a) Burial (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

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?.....

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) MAR 17 1944 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (a) Means of injury 0

23. Signature Henry E. Westerman M.D.
Address 2136 E. Grand Date signed 3/16/44

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..... *Alfred J. Boedeker*.....

Licensed Embalmer No. *2663*.....

P. O. Address..... *5934 alpha*.....

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.