

FILED MAY 15 1944

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's 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:  
3446 Hawthorne Blvd. /  
(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)

3. (a) PRINT NAME Alice M. Englesmann

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 widowed

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

7. Birth date of deceased January 16th 1869  
(Month) (Day) (Year)

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

75	3	20	..... hr. .... min.
----	---	----	---------------------

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles E. Hermann

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

14. Maiden name Mathilda Wilhelm

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

16. (a) Informant George Englesmann  
(b) Address 1021 So. Grand Ave.

17. (a) Cremation (b) Date thereof May 8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Wagoner Mortuary  
(b) Address 4161 Lindell Blvd.

19. (a) EGAV 1944 (b) J. F. Brudack  
(Data received local registrar) (Registrar's signature)

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. 3446 Hawthorne Blvd.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th  
year 1944 hour..... minute 2 A.M.

21. I hereby certify that I attended the deceased from Jan 31, 1944 to May 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis  
Chronic Nephritis  
Arterio-sclerosis

Due to.....

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

Major findings:  
Of operations..... 121

Of autopsy.....

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?..... Means of injury.....

23. Signature Otto C. Hausworth (M. D. or other)  
Address 3157 1/2 Park Date signed 5/6/44

---

---

**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 *Neville B. Holwiter*

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Blvd.

**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.**