

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4209

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:
4321 Haven St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (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. 4321 Haven St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joseph Mittelmeyer

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

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

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

7. Birth date of deceased May 1st 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 20 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Joseph Mittelmeyer

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

14. Maiden name Unknown

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

16. (a) Informant Matilda Hayden
(b) Address 4321 Haven St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thoroldus J. Fox
(b) Address 2906 Gravois Ave.

19. (a) MAY 22 1944 (Date received local registrar) J. F. Brunck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1944 hour 9 00 A.M. minute 48 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 Strangulation due to hanging when deceased was found hanging from the bridging which connected to the gas tank in the basement of his home May 21, 1944 about 9 48 AM
Duration.....

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

Major findings: 164 a
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) Suicide
(b) Date of occurrence May 21, 1944
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work..... (b) Means of injury see above

23. Signature Alfred Perry (M. D. or other) 3
Address Alps City, Mo. Date signed 5/22/44

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

2
43
-39
36671

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

David Van Fossan

..... Licensed Embalmer No. *4242*

..... P. O. Address. *2906 Biarric*

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.