

No. 2
8-13
5-17-39
X37823

FILED SEP 18 1944
Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 7821

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5504 Dewey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 (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 (If outside city or town limits, write "RURAL") 159
(d) Street No. 5504 Dewey (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Emily Baudissin
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. 9 day. year 1944 hour 7:30 PM minute

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive years 2 1861
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 16th 1944 to Sept. 9th, 1944 that I last saw her alive on Sept. 8th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Myocarditis 1 wk. Duration
Due to 1/21

8. AGE: Years 83 Months 0 Days 7 If less than one day hr. min.

Other conditions. Chronic Nephritis and 6 mo Arteriosclerosis (Include pregnancy within 3 months of death) PHYSICIAN

9. Birthplace O'Fallon 0 Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Home

Major findings: Of operations no Of autopsy no Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business John Gentemann
12. Name Germany 4
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Angelina Sommers
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) XX
(b) Date of occurrence --
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?

16. (a) Informant Al G. Broeker 1
(b) Address 3715a Bamberger
17. (a) Burial (b) Date thereof Sept. 12, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Old SS. Peter & Paul Cem. Nacker, Kelderli
18. (a) Signature of funeral director 3634 Gravois Ave.
(b) Address
19. (a) SEP 11 1944 (Date received local registrar) (b) J. Bredich (Registrar's signature)

23. Signature R. W. Waters (M. D. & J. D. S.)
Address 3608 S. Grand Blvd. Date signed 9/11/44

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

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 Robert C. Wheeler

Licensed Embalmer No. 2178

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.