

FILED SEP 18 1944

Registration District No. 318

Primary Registration District No. 1003

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

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:
Geitner Home, 5000 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years & 4 months
In this community 4 years, months or days (Specify whether)

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. 5000 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie E. Struebigs
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Sep. day 6 year 1944 hour 8 minute 15 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from ap. 29, 1944, to Sept. 6, 1944
that I last saw her alive on Sept 15, 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 8 1861
(Month) (Day) (Year)
8. AGE: Years 83 Months 6 Days 28 If less than one day hr. _____ min. _____

Immediate cause of death Myocarditis Duration 1 year
Due to Chr Interstitial nephritis 3 years

9. Birthplace Hannibal Mo. (I)
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Home
11. Industry or business _____
12. Name Phillip Mitchell
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Mary Goosens
15. Birthplace Belgium
(City, town, or county) (State or foreign country)

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

16. (a) Informant Louis J. Struebigs
(b) Address 5533 Rosa
Cremation (c) Date thereof Sep. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Wacker-Heldrich
(b) Address 3634 Gravois Ave.
19. (a) SEP 7 1944 (b) J. F. Bredeck
(Date received local registrar) (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 _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Bredeck (M. D. or other) _____
Address 5000 S. Broadway Date signed 9/6/44

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..... *Robert Wheeler*.....
Licensed Embalmer No. *2128*.....
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.