

FILED SEP 30 1944
Registration District No.

Primary Registration District No. 3063

Registrar's No. 1976

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence; # 54 Arundel Place.
(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 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. # 54 Arundel Place.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMA PIETSCHMANN.

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased April 8th 1865
(Month) (Day) (Year)

8. AGE: - Years 79 Months 5 Days 15 If less than one day hr. min.

9. Birthplace unknown 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name John Lindhardt.

13. Birthplace unknown 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Nolte

15. Birthplace unknown 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.A. Telle.

(b) Address # 54 Arundel Place.

17. (a) Burial (b) Date thereof 9/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) SEP 25 1944 (b) C. D. McLavan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
Year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from July 13 1944 to Sept. 23 1944
that I last saw him alive on Sept. 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Distention

Due to Chronic Myocarditis

Due to Atherosclerosis - generalized

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 61

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)

(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 work? (Specify type of place) (e) Means of injury

23. Signature H. G. Krenning (M. D. or other)

Address 4548 Harris St. Date signed 9/25/44

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

Dr. W.G. Krenning.

4548 Harris Ave.

Hrs. 1 to 2 P.M.

GO-5758

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address H. Sims, 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.