

FILED NOV 15 1944

Primary Registration District No. 1003

Registrar's No. 9407

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: 5453 Arsenal St. 1
(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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5453 ARSENAL 17
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GARTENBACH-AMANDA K.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1944 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 11-1-44
19. to 11-3- 19. 44

that I last saw her alive on 11-3- 19. 44
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN GARTENBACH 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: March 27 1866
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

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

78 7 6 hr. _____ min. _____

9. Birthplace ST. LOUIS Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Name of decedent's spouse or business partner John Henry Mohrhaus

12. Name John Henry Mohrhaus

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Maria Schlicht

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Gartenbach

(b) Address 5453 Arsenal

17. (a) BURIAL (b) Date thereof Nov 6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TRUTH CEMETERY

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director TRUTH CENTER MORTUARY

(b) Address 4024 LINDELL BLVD

19. (a) NOV 6 1944 (b) J. F. Bredeh
(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 work _____ (Specify type of place) (c) Means of injury _____

23. Signature J. F. Bredeh (M. D. or other) _____

Address 115. Theba Bldg. Date signed 11-4-44

Wennermann

634
n Grand

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 Howard R. Rowland

Licensed Embalmer No. 3114

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City St. Louis } ss.
County of _____

State File No. 32301-4
Local Registrar's No. 9407

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25 day of Nov., 1944, before me appears.....

John Gartenbach, who, upon his oath, states that the original record of ~~birth~~
for Amanda K. Gartenbach died II-3-1944 ~~death~~
~~XDOWN~~, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Amanda K. Gartenbach

Instead of _____ Amanda Gartenbach

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) John Gartenbach Husband
5453 Arsenal St. Relationship.

Present Address.

Subscribed and sworn to before me this 25 day of Nov., 1944.

My Commission Expires March 4, 1945
My Commission expires _____
Paul Peddy Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

1954