

FILED JAN 25 1945
318

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4937 Nottingham Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Louise Haenssel

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

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

6. (b) Name of husband or wife Matthaus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 23 1975
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 20 hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

12. Name Rudolph Roesch

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

14. Maiden name Elizabeth Acher

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

16. (a) Informant Emma Powers

(b) Address 4937 Nottingham Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 45
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) JAN 15 1945 (Date received local registrar) (b) J. F. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4937 Nottingham Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1945 hour 6.40 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 8, 1945, to Jan 13, 1945
that I last saw her alive on Jan 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic arterial sclerosis with hyperlipemia

Due to Cerebral Hemorrhage

Other conditions: 83
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Adam C. Youngman (M.D. or other) M.D.
Address 4639 W. Missouri Date signed 1/15/45

Dr Adam Youngman

Gravois

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

Elmer D. Mc Dermott

Licensed Embalmer No.

3024

P. O. Address.....

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.