

S. No. 2
M-2-43
5-17-39
X35897

FILED SEP 14 1945

Registration District No.

Primary Registration District No.

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:
Missouri Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 06
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6229 Pershing Ave
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Alvina C. Harnist

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive Dec'd 1923 years
7. Birth date of deceased November 20th, 1851
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1945 hour 8 minute am

21. I hereby certify that I attended the deceased from Jan, 1930, to 9-3, 1945
that I last saw he alive on Sept 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation
Due to Primary edema
Due to.....

Duration

Other conditions.....
(Includes pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

(Specify type of place) While at work.....
(Specify means of injury) 23. Signature Robert J. Ambruster (M. D. or other)
Address 646 Center Bldg Date signed 9/1/45

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>9</u>	<u>13</u>	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name William F. Blanke

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

14. Maiden name Sophie Bernbrook

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

16. (a) Informant Mrs. Rudolph Buermann

(b) Address 6229 Pershing Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) SEP 5 1945 (b) [Signature] (Registrar's signature)

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

MOTHER FATHER

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 Arnold W. Schoene
Licensed Embalmer No. 3864
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.