. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

3866 Flora

26065

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1945

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7693

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:
Luthern Hosp. 3646 Patomac 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3327 A Halladay 16
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louisa Rettker

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 Wid. 91

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 28 (Day) 1855 (Year)

8. AGE: Years 90 Months 4 Days 3 If less than one day hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Simon Hanning
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Meta Heidorn
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Paleardi
(b) Address 3327 A Halladay

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Umgbermnehd Funeral Home
(b) Address 3819 S. Grand Blvd

19. (a) SEP 2 1945 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1st year 1945 hour 9:30 minute A. M. M.

21. I hereby certify that I attended the deceased from June 24, 1945, to Sept. 1, 1945 that I last saw her alive on August 31, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture of right hip and General Arteriosclerosis	2½ mo
Due to	
Due to	
Other conditions Myocarditis & Paget's Disease of bone	?
(Include pregnancy within 3 months of death)	

Major findings:
Of operations 186
Of autopsy 18

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) Accident 000
(b) Date of occurrence June 24-1945.
(c) Where did injury occur? 3327 Halladay ave (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Her home (Specify type of place)
While at work? (e) Means of injury Slipped & fell

23. Signature: H. Louis Schuchat (M. D. or other)
Address 3666 Flora Place Date signed 9-2-45

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1946

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.