

S. No. 2  
M-5-43  
7. 5-17-39  
D I X36671

State File No. ....

FILED JAN 25 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 591

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:  
4553 Alice Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... None  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry F. Varwig

3. (b) If veteran, name war..... None

3. (c) Social Security No..... /

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Margaret Varwig nee Hilleke

6. (c) Age of husband or wife if alive..... 69 years

7. Birth date of deceased..... November 14, 1875  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>70</u> | <u>2</u> | <u>2</u> | hr. min.             |

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

10. Usual occupation..... Retired

11. Industry or business.....

MOTHER FATHER

12. Name..... Fred Varwig

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

14. Maiden name..... Charlotte Kruehnecker

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

16. (a) Informant..... Mrs Margaret Varwig  
 (b) Address..... 4553 Alice Ave

17. (a) Burial (b) Date thereof..... 1/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Hiram Park Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son  
 (b) Address..... 2161 East Fair Ave

19. (a) JAN 18 1946 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis

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

(d) Street No..... 4553 Alice 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 16,  
 year..... 1946 hour 11:15 PM minute..... M.

21. I hereby certify that I attended the deceased from..... JAN 12 1946 to..... JAN 16 1946  
 that I last saw him alive on..... JAN 16 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary thrombosis

Due to..... Chronic myocarditis

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

Major findings:  
 Of operations..... 98

Of autopsy.....

Duration

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?.....

23. Signature..... D. J. Keller (M. D. or other) MD  
 Address..... 4114 W. Summit Date signed..... 1/18/46

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

3213

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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 *William G. B. Bullock*

Licensed Embalmer No. *2110*

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.**