

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7172  
Registrar's No. 2787

FILED FEB 11 1946

Registration District No. 31 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Glenco Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R.D. #1 Box 56 Old State Rd. /  
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
 (c) City or town Glenco  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.D. #1 Box 56 Old State Rd.  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Lanfer- Stellern  
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sep. 23rd 1861  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 4 9 hr. min. 0

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
 12. Name of father Wm. Metten  
 13. Birthplace of father Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name of mother Susan Schmidt  
 15. Birthplace of mother Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathilda Troske Glenco Mo  
 (b) Address R.D. #1 Box 56 Old State Rd.

17. (a) Burial (b) Date thereof 2-5-1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation S.S. Peter & Paul Ch.

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

19. (a) 2-4-46 (b) B. R. Loving  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 1st  
 year 1946 hour 11/ P.M. minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from July 1, 1945, to Feb. 1st, 1946;  
 that I last saw her alive on Feb. 1, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
 Due to Senility  
93d

Other conditions none  
 (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) NO 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 B. R. Loving (M. D. or other) MD  
 Address Ballwin, Mo. Date signed 2-4-46

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OCT 25 1948

JAN 18 1949

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 7027 Gravois

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.