

FILED FEB 20 1946  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 1387

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:  
4128 Louisiana 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4128 Louisiana Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Josephine Nettler,

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

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

6. (b) Name of husband or wife Herman J. Nettler, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 26, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 -0- 12 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home,

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Bathe,

13. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

14. Maiden name Adelaide Krack,

15. Birthplace Germany, 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Larry Nettler,

(b) Address 4128 Louisiana Ave.,

17. (a) Burial, (b) Date thereof 2/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,  
(b) Address 2842 Meramec St.,

19. (a) FEB 11 1946 J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th  
year 1946 hour 5:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Mar. 1945 to Feb. 8 1946  
that I last saw her alive on Feb. 8 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Ray J. Schuster (M. D. or other)  
Address 3115 So. Grand Blvd. Date signed 2/9/46

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD  
6750

**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..... me

..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... Loren E. Percy.....

Licensed Embalmer No..... 4094.....

P. O. Address..... 2842 Meramec St., (18)  
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.**