

Registration District No. 318 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:
3538 Humphrey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community Life _____ (Specify whether
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. 3538 Humphrey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME ADELAIDE M. MEYER
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28
year 1946 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 8th
1946 to March 28th 1946
that I last saw him alive on March 28 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Rev. Frederick A.
6. (c) Age of husband or wife if alive: _____ years

Immediate cause of death: Degeneration of Heart Muscle with Oedema
Due to: Chronic Endocarditis with Oedema
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased: February 22 1882
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
64 1 6 hr. min.

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At home
11. Industry or business: _____
12. Name Phillip M. Enzinger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Zeisler
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Clara Meyer
(b) Address 3538 Humphrey
17. (a) Burial (b) Date thereof Apr. 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centralia, Illinois

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 Walter H. Vogel (M. D. or other) _____
Address 4244 N. Roman Date signed 3/29/46

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.
19. (a) MAR 29 1946 (b) J. F. Brudeck
(Date received by registrar) (Registrar's signature)

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

10347

Dr. Vogler
4244 W. Florissant

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..... *Felix J. Krespien*.....
Licensed Embalmer No..... *3497*.....
P. O. Address..... *1936 St Louis*.....

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.