

S. No. 2
M-5-43
7. 5-17-39
b I X38671

FILED APR 24 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 0973

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4431 So. Broadway
(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 020
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1517
(d) Street No. 4431 So. Broadway (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA L. JOERDING

3. (b) If veteran, name was _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Charles Joerding 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 20, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>1</u>	<u>23</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Maschmeyer

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Helen DeHart

(b) Address 4439 a Holley Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof April 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY

(b) Address 6464 Chippewa St. Louis, Mo.

19. (a) APR 15 1948 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from March, 1944, to April 13, 1948,
that I last saw him alive on April 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2 days

Due to _____

Due to _____

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

Major findings: _____
Of operations: no

Of autopsy: no

22. If death was due to external cause, 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 Car

23. Signature Chas E. Spindman (M. D. or other) M.D.
Address 3720 Washington Date signed 4-13-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.