

**FILED MAY 13 1946**

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

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

**1003**

Registrar's No. **3936**

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Lutheran Hosp 0**  
(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 **Mo** (b) County \_\_\_\_\_  
 (c) City or town **st. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **225a Lafayette Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINTED FULL NAME: Caroline Vilsick Hummert Sanders**

(b) If veteran, name war **No** (c) Social Security No. **No**

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

6. (b) Name of husband or wife **George J** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 3 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>0</b>	<b>26</b>	hr. _____ min. _____

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

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **Charles Wendemuth**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Pearl Walker**

(b) Address **2932 Greentop Rockhill Mo**

17. (a) **Burial** (b) Date thereof **5 2 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Kriegshauser**  
 (b) Address **4228 So. Kingshighway**

19. (a) **4/30/46** (b) **J. F. Bradock**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **29**  
 year **1946** hour **6.05 PM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **4/23/46**  
 to **4/29/46** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction - Coronary atherosclerosis**  
 Due to **myocardites**

Due to **Pneumonia of Stomach**

Other conditions **14 year**  
(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) 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?  
(Specify type of place) (e) Means of injury

23. Signature **J. F. Bradock** (M. D. or other) **M.D.**  
 Address **4145 S. Grand** Date signed **4/30/46**

Duration **3 days**  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**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.**