V. S. No. 2 00M—5-43	DEPARTMENT OF COMMERCE THE STATE BOARD OF I	
Rev. 5-17-39	BUREAU OF THE CENSUS 6 1946 STANDARD CERTIFI	CATE OF DEATH State File No. 1000
≫ I X36671	Registration District No	t No. 1003 Registrar's No. 4542
)	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
1/2 B	(a) County	(a) State Missouri (b) County
ွိ	(b) City or town OL a LOUIS (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town St. Louis (If outside city or town limits, write "RURAL")
	City Hospital 0	(d) Street No. City Sanitarium (If rural, give location)
I.N.	(if not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	
N	(Specify whether In this community	(e) Citizen of foreign country? NO (Yes or No)
EM.	years, months or days)	If yes, name country
FERMANENT RECORD	3. (a) PRINT Ella Meyer	MEDICAL CERTIFICATION
¥	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month May day 20 year 1946 hour 6 minute 45 Am.
KE	name war None No None	year ASTO hour O minute FD AM. 21. I hereby certify that I attended the deceased from
INK—MAKE	5. Color or 6. (a) Single, widowed, married,	
Ž į	4. Sex F / race W divorced S	that I last saw h alive on
	6. (b) Name of husband or wife	and that death occurred on the date and hour stated above. Durgition
	7. Birth date of deceased Feb 23 1877	Terment John Inculous
17590 unfading black	(Month) (Day) (Year)	Syphito suffered when documed
25	8. AGE: Years Months Days If less than one day	reference of the worde of as the
•ੋਜ ਨੂੰ ,	69 2 27 hr. min	lety Chiffman a grad 1991
ΈV	9. Birthplace Unknown Germany /	Die the Colombia
	(City, town, or county) (State or foreign country)	Other conditions
USE		(Include pregnancy within 3 months of death)
	11. Industry or business	Major findings: Of operations
VLX	12. Name July Name Germany 4	Underline the cause to
ŢV	(City, town, or county) (City, town, or county)	Of autopsy which death should be charged sta-
WRITE PLAINLY	15. Birthplace. Unknown Germany	d tistically.
27.	(City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
WR	16. (a) Informant ATITIE RISSINGII (b) Address 4118 Fair Ave.	(b) Date of occurrence Charlet VI 1946 (1-1)
·	(b) Address 4110 1211 Avo 5/23/46	(c) Where did injury occur ((City or town) (County) (State)
	(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, optiarm, in industrial place, in public place?
-	(c) Place: Durial of Clemation.	(Syncify type of pilos)
	(b) Address 3710 N. Grand Blyd.	While at work? Means of injury
*	19. (a) MAY 21 1846 Q. F. Brideck	23. Siver aluck to the control of the said of the
	(Date received local registrar) (Registrar's signature) (Licensed Embalmer's Sta	Address Date stgried Date stgried
	(appulment automates a passesseer and statement	

STATEMENT BY LICENSED EMBALMER		
I hereby certify that the body whose name is record	led on the reverse side of this certificate was embalmed by me, or by	
	, Registered Apprentice No,	
working under my personal supervision.	- 0	
	Signed TEMOVIS	
	Licensed Embalmer No. 3360	
• • •	P. O. Address	
Note: The above MUST BE SIGNED BY THE	E 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.