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FILED JUL 22 1946

Registration District No. _____

Primary Registration District No. 3066

Registrar's No. 1178

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Northwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
718 N. Dickson 1
(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 St. Louis

(c) City or town Northwood
(If outside city or town limits, write "RURAL")

(d) Street No. 718 N. Dickson St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Melhemina K.C. Ade

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Fredrick Ade 6. (c) Age of husband or wife if alive See years

7. Birth date of deceased: Nov 11-1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>2</u>	<u>hr</u> <u>min.</u>

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____

12. Name August Froegeler

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

14. Maiden name Johanna Heidekamp

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

16. (a) Informant Martin Ade

(b) Address 1011 Northwood Rd.

17. (a) Burial (b) Date thereof July 13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cem.

18. (a) Signature of funeral director Gary Hopper

(b) Address Northwood

19. (a) 7-15-46 (b) W. M. Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1946 hour 7:5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 10, 1946 to July 11, 1946
that I last saw her alive on July 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Upper Right Abdomen with extension to liver

Due to liver Duration 1 hour

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 John H. Armstrong (M. D. or other) J. H.
Address 371 N. 14th Road D Date signed 7-13-46

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

AUG 20 1944

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 Demand*

Licensed Embalmer No..... *3034*

P. O. Address..... *Kirkwood 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.

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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

3. (a) PRINT FULL NAME Wilhemina Kc. Ude

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race w

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 11 1885
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days _____ (If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month _____
year 1946 near _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations 55

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

23646

24795