

No. 2
M-5-43
5-17-39
I X36671

FILED **8186 1946**

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **6288**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3614 Alberta,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **-----**
In this community **Life,** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **000**
(c) City or town **St. Louis,** **1617**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **3614 Alberta,** **0**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Emma Keutzer,**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **December 1, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 13 hr. min.

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

10. Usual occupation **Housewife,**

11. Industry or business.....

MOTHER FATHER

12. Name **Joseph Hibbeler** **9**

13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Jandic,** **9**

15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. Miller,**

(b) Address **3614 Alberta,**

17. (a) **burial** (b) Date thereof **7/17/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **Oscar J Hoffmeister**

(b) Address **4016 Chippewa,**

19. (a) **JUL 16 1946** **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14**
year **1946** hour **11** minute **50** P.M.

21. I hereby certify that I attended the deceased from **June 10**, 19**46** to **July 14**, 19**46**
that I last saw her alive on **July 14**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic Myocarditis ?

Due to **Chronic Interstitial Nephritis** ?

Due to..... ?

Other conditions **Arteriosclerosis** ?
(Include pregnancy within 3 months of death)

Major findings: PHYSICIAN

Of operations..... Underline the cause to which death should be charged statistically.

Of autopsy **131**

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) (c) Means of injury.....

23. Signature **Ray J. Schuster** (M. D. or other)

Address **3115 W. Grand** Date signed **7/15/46**

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.....

J. Allen Aguirre Jr

Licensed Embalmer No. *4053*

P. O. Address *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.