

No. 2
12-45
17-39
X47070

338458

FILED DEC 9 1946 64756
Registration District No. 318

Primary Registration District No.

State File No.

Registrar's No.

10257

1. PLACE OF DEATH:

(a) County.....
(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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
In this community Life
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8149 Gravois
Memorial (If rural, give location) NR
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1946 hour 9:35 minute A M.

21. I hereby certify that I attended the deceased from
....., 19....., to Nov. 29th, 1946,
that I last saw her alive on Nov. 29th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Undetermined.

Duration

Due to.....
200

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

Major findings:
Of operations.....
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?

(a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois
(c) While at work? Joseph Lafayette
(Specify type or place of injury)
(d) Signature: J. J. Brubaker 11/29/46
Address Date signed

3. (a) PRINT FULL NAME GERTRUDE CANMAN

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. W 2

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased Dec. 1, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 28 hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business Home

12. Name Ebemich Genman

13. Birthplace Germany
(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. Louis Bliss

(b) Address 8540 Highland K. City, Mo

17. (a) Burial (b) Date thereof 12-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. Peter & Paul Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) DEC 2 1946 (Date received local registrar)
J. J. Brubaker (Registrar's signature)

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

W. G. Peterson

Licensed Embalmer No.

3767

P. O. Address

Overland Park

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.