

**FILED DEC 24 1946**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10207**

**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:  
6152a Morganford Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 60 Years  
years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Emma Idecker

**3. (b) If veteran,** name war. ---

**3. (c) Social Security** No. ---

**4. Sex** Female **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Widowed

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

**7. Birth date of deceased** March 29, 1865  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>81</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

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

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**12. Name** John Brinkmeyer

**13. Birthplace** Germany 4  
(City, town, or county) (State or foreign country)

**14. Maiden name** Margaret Meyer

**15. Birthplace** Germany 4  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Lillian Barth

**(b) Address** 6152a Morganford Rd.

**17. (a) Burial** (Burial, cremation, or removal) \_\_\_\_\_ **(b) Date thereof** Dec. 14, 1946  
(Month) (Day) (Year)

**(c) Place: burial or cremation** St. Trinity Lutheran Cer.

**18. (a) Signature of funeral director** Beiderwieden Funeral Home

**(b) Address** 1936 St. Louis Ave., St. Louis, Mo.

**19. (a)** DEA 92 1946 **(Date received local registrar's)** J. F. Bredeek **(Registrar's signature)**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6152a Morganford Rd.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 11th  
year 1946 hour 1 minute 50 P.M.

**21. I hereby certify that I attended the deceased from** AUGUST, 1946, to December 10, 1946  
that I last saw her alive on December 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
chronic myocarditis  
generalized arteriosclerosis  
senility

Duration \_\_\_\_\_  
several months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? O. (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

**23. Signature** Maximilian Weitzman, M.D. **(Physician)**

**Address** 3624 So. Broadway **Date signed** 12-12-46

St. Louis, Mo

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

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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 Delis J. Kuspis  
Licensed Embalmer No. 3497  
P. O. Address 1936 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.**