

FILED JAN 7 1947

318

Primary Registration District No.

1003

Registrar's No. 11055

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME.....Emilie Wintermantel3. (b) If veteran, name war.....--- 3. (c) Social Security No.....none4. Sex.....female 5. Color or race.....white 6. (a) Single, widowed, married, divorced.....widowed6. (b) Name of husband or wife.....Charles 6. (c) Age of husband or wife if alive.....years7. Birth date of deceased.....January 1st, 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
83 11 22 hr. min.9. Birthplace.....Germany
(City, town, or county) (State or foreign country)10. Usual occupation.....Nil

11. Industry or business.....

12. Name.....Unknown13. Birthplace.....Unknown
(City, town, or county) (State or foreign country)14. Maiden name.....Unknown15. Birthplace.....Unknown
(City, town, or county) (State or foreign country)16. (a) Informant.....Walter Wintermantel, Sr.(b) Address.....4144 Tyrolean, St. Louis, Mo.17. (a) burial (b) Date thereof.....Dec. 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation.....Bethany Cemetery18. (a) Signature of funeral director.....Hacker, Helderich & Co.(b) Address.....3634 Gravois, St. Louis, Mo.19. (a) DEC 24 1946 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Missouri (b) County.....St. Louis
 (c) City or town.....St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.....4144 Tyrolean
 (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 23rd
year 1946 hour 1 minute 30 P. M.21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....Fractured Left Hip, Dislocation
Left Hip was fractured when she stepped
lost her balance and fell down
and leg of step leading to the
fracturing of hip had home 4144 Tyrolean
St. Louis, Mo. Dec 22 1946 about 1:30
or 2:00 P.M.

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).....Accidental
 (b) Date of occurrence.....Dec 4, 1946
 (c) Where did injury occur?.....at home
 (City) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?.....at home
 (Specify type of place) (c) Means of injury.....as above
 23. Signature.....Walter Wintermantel, Sr. (M. D. or other) 3
 Address.....4144 Tyrolean Date signed 12/24/46

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 Robert C. Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.