

No. 2
12-45
17-39
X47070

FILED APR 14 1947

State File No. 3382

Registration District No. #69440318

Primary Registration District No. 1003

Registrar's No.

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 _____
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4909 Lansdowne Ave.
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1947 hour 1:00 minutes _____ P _____ M _____
21. I hereby certify that I attended the deceased from 3/18/47
19____ to 3/28/47 19____
that I last saw her alive on 3/28/47 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Metastatic Carcinomatosis
Primary Unknown
Duration 1 yr.

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?

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature George P. Smith
1515 Lafayette 3/28/47
Date signed _____
Address _____

3. (a) PRINT FULL NAME LOUISE BISANTZ

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Frank 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 25 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>3</u>	hr. _____ min.

9. Birthplace St. Louis - Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Abraham Boehlow

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Hazel Ford

(b) Address 4909 Lansdowne Ave.

17. (a) Burial (b) Date thereof 3 31 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) _____ (b) J. F. Brundick
(Date received local registrar) (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..... *Richard W. Stovesand*.....
Licensed Embalmer No..... *4007*.....

P. O. Address.....

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.