

S. No. 2  
-12-45  
5-17-39  
P 1 X47070

FILED APR 8 1947

Primary Registration District No. **1003**

Registrar's No. **2337**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3219 Copelin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 23 Years  
years, months or days)

3. (a) PRINT FULL NAME Ida C. Kaiser

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 Married

6. (b) Name of husband or wife Fred H. A. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 10 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 5 16 hr. min.

9. Birthplace Freistatt Mor  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name William Meinert

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

14. Maiden name Caroline Wickert

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

16. (a) Informant Fred H. A. Kaiser

(b) Address 3219 Copelin

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

(c) Place: burial or cremation Pilgrims' Rest Cem

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) MAR 28 1947 (b) J. J. Brodeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gas

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

(d) Street No. 3219 Copelin  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1947 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from October 2, 1947 to March 26, 1947  
that I last saw her alive on March 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration \_\_\_\_\_  
anginal type  
chr. myocarditis.

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

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

Other conditions (Include pregnancy within 3 months of death) 9/26/47

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Hubert J. Kudr (M. D. or other) M.D.  
Address 5532 Glorioso Date signed 3/27/47

PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr Herbert Rudi

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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 Neal E Paulson

Licensed Embalmer No. 4114

P. O. Address. 1936 St. Louis Ave

**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.**