

FILED MAR 24 1947

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **2604**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3923 Sullivan Ave.  
(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 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3923 Sullivan Ave.  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise C. Nemnich

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

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

6. (b) Name of husband or wife George C. 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 24 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 17 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housework

11. Industry or business Home

MOTHER FATHER { 12. Name Henry Horstman

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

14. Maiden name Minnie (Unknown)

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

16. (a) Informant Mr. George C. Nemnich

(b) Address 3923 Sullivan Ave.

17. (a) Burial (b) Date thereof 3/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Proctor and Co

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 12 1947 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1947 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan. 31/47, 19\_\_\_\_, to Feb. 28/47, 19\_\_\_\_;  
that I last saw her alive on Feb. 28/47, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Sudden

Due to Arterial Hypertension Sclerosis Years \_\_\_\_\_

Due to Chronic Endocarditis several Years.

Other conditions HT 2  
(Include pregnancy within 3 months of death)

Major findings: HT 2 PHYSICIAN I  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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? \_\_\_\_\_

Signature of physician J. F. Predeck (Specify type of physician) \_\_\_\_\_

Address 3165 N. Vandeventer Ave. Date signed 3/12/47

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 E Morris* .....

Licensed Embalmer No. *3360* .....

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.**