

S. No. 2
1-1/47
5-17-39

FILED JUN 23 1947
348
Registration District No. _____

Primary Registration District No. 1003

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:
5829 Saloma 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

3. (a) PRINT FULL NAME **William F. Louis**

3. (b) If veteran, name war _____

3. (c) Social Security No. **499-28-7420**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Rose Mary Nissing Louis**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **February 22 1880**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 67 | 3 | 20 | hr. _____ min. |

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

10. Usual occupation **Retired Policeman Officer**

11. Industry or business _____

12. Name **Henry Louis**

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

14. Maiden name **Josephine Strodtger**

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

16. (a) Informant **Rose Mary Louis**
(b) Address **5829 Saloma Ave.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **6/14/47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**

19. (a) **JUN 13 1947**
(Date received local registrar)

(b) **J. F. Bradeck**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**

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

(d) Street No. **5829 Saloma Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
year **1947** hour **7** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Oct 12 1945** to **6-12 1947**
that I last saw him alive on **6-9 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**

Due to **Arteriosclerosis**
Diabetes Mellitus

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations **61**

Of autopsy _____

PHYSICIAN _____

Underline the cause of 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? _____ (Specify type of place) _____

23. Signature **Carl W. Stroot** (M. D. or other) _____
Donald B. Kelly
Address _____ Date signed **6-13-47**

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

MOTHER FATHER

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

L. Hoffmann
Licensed Embalmer No. 14366

P. O. Address: St. Louis, Mo

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.