

No. 2  
12-45  
17-39  
X47070

FILED DEC 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11579

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:  
3520 Tennessee  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 73 years (Specify whether  
years, months or days)

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. 3520 Tennessee  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 17  
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1945  
to July 20 1947  
that I last saw him alive on July 20 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....  
Diabetes

Duration  
1

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Chronic myocardial

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MRS. LOUISA C. ALFELD

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, Widowed

6. (b) Name of husband or wife Charles Alfeld  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 16, 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 1  
If less than one day hr. min.

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

10. Usual occupation At. Home

11. Industry or business.....

MOTHER FATHER {  
12. Name Jacob Sommers  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Christina Nagel  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ilma Kuechler  
(b) Address 3520 Tennessee St.

17. (a) Burial (b) Date thereof Dec. 20, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc  
(b) Address 1936 St. Louis Avenue

19. (a) DEC 19 1947 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature J. F. Bredek (M. D. or other) 12/18/47  
Address 406 S. Grand signed.....

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

NO. 10. 1918

**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 *Wm. W. Haly* .....

Licensed Embalmer No. *9379* .....

P. O. Address *1936 W. Main* .....

**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.**