

No. 2  
12-45  
17-39  
X47070

FILED JAN 16 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **236**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5966a Kennerly Avenue  
(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 Mina Mathemeier.

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 Widowed

6. (b) Name of husband or wife Fred Mathemeier. 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased May 5, 1861.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>4</u>	hr. min.

9. Birthplace West Farlin, Germany.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Fred Wilking.

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

14. Maiden name Marie Kemper.

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

16. (a) Informant Mrs. Elizabeth Harris.

(b) Address 5966a Kennerly Avenue.

17. (a) Removal (b) Date thereof 1-12, 1948.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Illinois.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JAN 9 1948 (Date received local registrar) J. F. Brink (Registrar's signature)

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. 5966a Kennerly Avenue. 12  
6 (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th  
year 1948. hour 6.30 minute A.M. M.

21. I hereby certify that I attended the deceased from  
Jan. 27 1948 to Jan. 9 1948  
that I last saw her alive on Jan. 9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 years

Due to 131

Other conditions Chronic Glomerular nephritis - Hypertension  
(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? (c) Means of injury.....

23. Signature Paul E. Courtney (M. D. or other) S.O.  
Address 6302 Maple Date signed 1-9-48

Dr. Paul E. Courtney.  
6303 Isabella Avenue.  
Colfax 3322

---

---

**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.....  
Licensed Embalmer No. 3772  
P. O. Address..... St. Louis

**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.