

FILED JAN 21 1948

Registration District No. 387

Primary Registration District No. 6676

Registrar's No. 106

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7331 Huntington 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 Mo. (b) County.....

(c) City or town Normandy Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 7331 Huntington Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM H. LANEMANN

3. (b) If veteran, name war None

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 5 minute 30 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Minnie 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 11 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-15-48, 1948 to Jan 12 1948
that I last saw him alive on Jan 11, 1948
and that death occurred on the date and hour stated above.

Duration.....

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>11</u>	<u>1</u>hr.....min.

Immediate cause of death.....

Terminal Pneumonia 24 hr

Due to Arterio sclerotic heart disease

Due to Chr. Myocarditis & atherosclerosis

Other conditions Heart failure, Hypertension, & Glycosis Colon.

9. Birthplace Chester Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Fireman

11. Industry or business Retired 15 yrs.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Alfred Lanemann
(b) Address 2833 Wheaton

17. (a) Burial (b) Date thereof 1-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 1-13-48 (b) Beil
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy.....

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

(a) Accident, suicide, or homicide (specify)..... no

(b) Date of occurrence..... no

(c) Where did injury occur?..... no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... no
(Specify type of place)

While at work?..... no (e) Means of injury..... no

23. Signature W. Stubble (M. D. or other) M.D.
Address 724 Natural Bridge signed 1-12-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

7117
7114
7117
7117
9-11
Dr. 7117

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.