

FILED JUN 23 1948

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **5536**

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: Lutheran Hospital
(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 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2905a Gasconade
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Corrine Hertel

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-28-3884

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

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

7. Birth date of deceased July 28 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Cashier

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Neulist
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Moremann
 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine Hertel

(b) Address 2905a Gasconade Ave.

17. (a) Burial (b) Date thereof 6/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JUN 19 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1948 hour 5.00 minute P.M.

21. I hereby certify that I attended the deceased from 4/27/48 to 6/16 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of thyroid
terminal uraemia

Due to _____

Due to _____

Other conditions: 55
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature R Berg (M. Doctor)
 Address 3203 S Grand Date signed 6/19/48

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5536

STATEMENT BY LICENSED EMBALMER

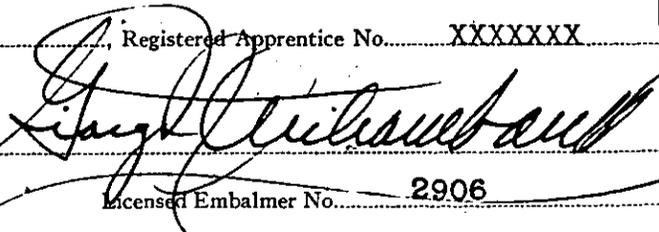
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address. **7128 Michigan Ave.**

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.