

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1948

Registration District No. _____

318

Primary Registration District No. _____

100's

Registrar's No. _____

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: Marian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Louise Iey

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 Widow 2
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 22 1872
 (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 13
 If less than one day hr. _____ min. 4

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

10. Usual occupation At Home

11. Industry or business _____

12. Name ???? Semler
 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 Elsie Nicks
 (b) Address 3602 A.S. Broadway

17. (a) Burial (b) Date thereof 7-8-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Gregor Ben

(b) Address 6409 Gravois Ave

19. (a) JUL 8 1948 (b) J. F. Brueck
 (Date received local registrar's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 17
 (d) Street No. 3602 A.S. Broadway
 (If rural, give location) 9
 (e) Citizen of foreign country? 24 (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day July
 year 1948 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from July 4, 1948 to July 5, 1948
 that I last saw her alive on July 5, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart failure
 Duration _____

Due to Coronary thrombosis

Due to Chronic myocarditis

Other conditions _____
 (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Carl Van (M. D. or other) Just

Address 3616 So. Parkway Date signed 7-7-48

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

J. Allen Davis
.....
Licensed Embalmer No. *4253*

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.