

FILED JUL 11 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 21588

Registrar's No. 1341

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Hts.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Hosp.
 (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

ELIZABETH LEMP

3. (b) If veteran,
 name war None

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
 divorced Widow
 6. (b) Name of husband or wife Late George H. 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Dec. 3 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 16 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name George Wohlfarth
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Kohr
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant George I. Lemp
 (b) Address 4929 Itaska St.
 17. (a) Burial (b) Date thereof 6-23-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
 (b) Address 4228 So. Kingshighway Bl.
 19. (a) 6-21-48 (b) Seil
 (Date received local registrar) (Registrar's signature)

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. 4929 Itaska St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1948 hour 10:35 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from
6-15-48 19____, to 19 June 48 19____;
 that I last saw her alive on 19 June 48 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
& myocardial infarction Duration 1 wk.

Due to Arteriosclerotic heart disease

Due to 93d

Other conditions Pulmonary thrombosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy Myocardial infarct
Pulmonary thrombosis

PHYSICIAN

Underline the cause of 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? _____ (e) Means of injury _____

23. Signature Royant. Warbi (M. D. or other) ms
 Address 5203 Chippewa Date signed 6-21-48

MOTHER FATHER

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.