

REC'D AUG 11 1939  
Registration District No. 791

Primary Registration District No.

State File No.

Registrar's No.

6348

1. PLACE OF DEATH:

1003

(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:  
4904 N. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Birth  
years, months or days)

8. (a) PRINT FULL NAME Henrietta Staehlin 345

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

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

7. Birth date of deceased August 10, 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not known

18. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known  
15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Luda Kay

(b) Address 1418 1/2 E Prairie Ave

17. (a) Burial (b) Date thereof 7-20-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 E Fair Ave

19. (a) JUL 19 1939 (b) \_\_\_\_\_  
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4904 N. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
year 1939 hour 8:50PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 10<sup>th</sup>  
1939, to July 17<sup>th</sup>, 1939,  
that I last saw her alive on July 17<sup>th</sup>, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of the heart.

Due to Chronic Pathology  
No definite heart disease

Due to \_\_\_\_\_

Other conditions Excess of legal  
(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 J. F. Bredich (M. D. or other)

Address 4901 N. Broadway Date signed 7/18/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 *William G. Bushho*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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, above space should be left blank.**