

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

MO-1 11311

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.

OCT 14 1939

791

STANDARD CERTIFICATE OF DEATH

State File No.

31065

Registration District No.

1003

Primary Registration District No.

Registrar's No.

8128

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: 4340a Arco 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)

8. (a) PRINT FULL NAME William H. Mittendorf 353

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Sept. 1st 1863
 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ice & Coal Business

11. Industry or business retired 4 Yrs.

MOTHER FATHER { 12. Name Unknown Mittendorf

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's own signature Mrs. Laura Krieg

(b) Address 4340a Arco Ave.

17. (a) Burial (b) Date thereof 9-23-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (e) Signature of funeral director Kriegshauser Mortuary
4228 So. Kingshighway

(b) Address _____

19. (a) SEP 21 1939 (b) _____
 (Date received local registrar) (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. 4340a Arco Ave. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20th
 year 1939 hour 11:10 minute A.M. M.

21. I hereby certify that I attended the deceased from Sept 18, 1939, to Sept 20, 1939;
 that I last saw him alive on Sept 20, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 2 days
 Due to Arterio-sclerosis

Due to Hypertension
 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? _____

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

23. Signature Whitome Hall (M. D. or other) _____
 Address 1622 Iowa Ave Date signed _____

Dr. Antoinette Hall
Tower Grove & McRee Aves.

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 *Edwin M. Permutt*
Licensed Embalmer No. *3024*
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, above space should be left blank.