S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19939

FILED JUL 17 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4887

1. PLACE OF DEATH: 1

(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: Deaconess 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

(c) City or town St. Louis 1
(If outside city or town limits write "RURAL")

(d) Street No. 7422 Virginia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Minnie Wattler 346

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

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 Aug 30, 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation housework 6

11. Industry or business at home 1

FATHER
12. Name Hubert Wattler 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Krumholz
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Dolly Gellman
(b) Address 6103 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand

19. (a) JUN 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1940 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from 5-18-40, 19 to 6-1-40, 19; that I last saw him alive on 6-1-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic

Due to 93C

Due to

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings: Senility
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 6639 Dig Date signed 6-3-40.

(Licensed Embalmer's Statement on Reverse Side)

Mr. Eades
6639 Virginia
12:30 - 2

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 Virgil L. Berryman

Licensed Embalmer No. 4078

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.