

Registration District No. **791** Primary Registration District No. **1003**

FILED JUL 17 1940

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1811 N. 18TH STR. **2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 YRS.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZA BETH NUNNEMANN.

3. (b) If veteran, name war

3. (c) Social Security No. 555

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. JULY 14TH 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>4</u>	<u> </u> hr. <u> </u> min.

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

10. Usual occupation HOUSE WORK.

11. Industry or business AT HOME

12. Name FREDERICK NUNNEMANN.

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH RUEBE

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Theo. Nunnemann

(b) Address 1811 N. 18th St.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof JUNE 21 1940
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Used Co.

(b) Address 1827 HOGAN STR

19. (a) JUN 20 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS **26**
(If outside city or town limits, write "RURAL")

(d) Street No. 1811 N. 18TH STR.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 64 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18TH
year 1940 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from May 25, 1940, to June 18, 1940
that I last saw him alive on June 18, 1940
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary thrombosis **Duration** 1 day

Due to Coronary blood disease **you**

Due to Severe arteriosclerosis **you**

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 958

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?

23. Signature Arthur Sennelad (Specify type of place) (M. D. or other) **2202 University**

Address 2202 University **Date signed** 6/19/40

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. G. Sullivan

4700 Washington

Licensed Embalmer No. *1172*

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.