

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

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:
3134 CAROLINE ST.
(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) 11/20

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL") 18
(d) Street No. 3134 CAROLINE ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG, day 14
year 1940 hour 1 minute p. M.

21. I hereby certify that I attended the deceased from
Aug 12 1940 to Aug 1940;
that I last saw him alive on Aug 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma stomach
Chronic myocarditis
Duration
1 yr.
5 mo.

Due to _____
Due to _____
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 sta-
tistically.

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. Schudewy (M. D. or other) MD
Address 2000 N. 9th Date signed 8/14/40

3. (a) PRINT FULL NAME EMMA WALSER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife HELMER WALSER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 25 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

12. Name FRED PRANGE

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

14. Maiden name _____

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

16. (a) Informant Irene Hennigan

(b) Address 3134 Caroline St

17. (a) BURIAL (b) Date thereof AUG. 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. TRINITY, LUTHERAN

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) AUG 15 1940 (Date received local registrar)
J. T. Bredeck (Registrar's signature)

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

Harry J. Schimpach

Licensed Embalmer No.

2679

P. O. Address

732 Juney

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.