

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9089**

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:
1723 Iowa
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **42 years**
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **1723 Iowa**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **3**
year **1940** hour **4** minute **8** M.
21. I hereby certify that I attended the deceased from **July 8**
_____, 19**40** to **Nov 3**, 19**40**
that I last saw her alive on **Nov 2**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chc Myocarditis**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) _____ Means of injury _____

23. Signature: **Edmond J. Hall** (M. D. or other) _____
Address: **3802 S. Broadway** Date signed **11-4-40**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Fredericka Finsterer**

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

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

6. (b) Name of husband or wife **Ferdinand** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased: **July 26, 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Home**

11. Industry or business _____

12. Name **John George Bauer**

13. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Fredericka Peters**

15. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth Waltemath**

(b) Address **5302 Gilson Ave**

17. (a) **Burial** (b) Date thereof **11/6/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Cemetery**

18. (a) Signature of funeral director **Wasker-Helderte**

(b) Address **2331 S. Broadway**

19. (a) **NOV 4 1940** (Date received local registrar) **J. P. Rudolph** (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 Robert C. White

Licensed Embalmer No. 2128

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.