

Registration District No. **7917**

Primary Registration District No. **1003**

Registrar's No. **9122**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days**
(Specify whether
In this community _____
years, months or days)

FILED DEC 11 1940

8. (a) PRINT FULL NAME **Louise Hanewinkel (Crump)**

3. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **October 28 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Christ Eichorn**

13. Birthplace **Alsace France**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Loy**

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

16. (a) Informant **Lucie Rosen**

(b) Address **8905 S. Broadway**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 7-40**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Chuchyard**

18. (a) Signature of funeral director **[Signature]**

(b) Address **7814 S. Broadway**

19. (a) **NOV 6 1940** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay** (If outside city or town limits, write "RURAL") **NR**
(d) Street No. **8905 S. Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **5**
year **1940** hour **5** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan. 1937**
to **Nov. 5, 1940**
that I last saw her alive on **Nov 4, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery disease**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **Same as above**

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

23. Signature **Charles Ebers** (M. D. or other) **M.D.**
Address **7201 S. Broadway** Date signed **11-5-40**

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

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.