

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Anthony Figgemeier

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 492128051

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

6. (b) Name of husband or wife Emma Figgemeier 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan 23 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>22</u>	hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business \_\_\_\_\_

12. Name Fred Figgemeier

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

14. Maiden name Katharina Koch

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

16. (a) Informant Emma Figgemeier

(b) Address 4407 W. Goodhouse

17. (a) Burial (b) Date thereof Dec 13 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Koch  
(b) Address 3516 N. 14th

19. (a) DEC 16 1940 (b) J. H. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4407 W. Goodhouse  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15,  
year 1940 hour 2:55 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
26, 1940 to December 15, 1940

that I last saw him alive on December 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia  
Arteriosclerosis, general  
Cellulitis leg, Right  
Infarct of heart, old

Other conditions None  
(Include pregnancy within 5 months of death)

Major findings: Of operations None

Of autopsy as above

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 H. Hawley (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 12/16/40

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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. Schumacher*

Licensed Embalmer No. 2679

P. O. Address 732 Lancy -

**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.**