

No. 2
-13-40
-17-39
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FILED

JAN 25 1941
Registration District No. 784

Primary Registration District No. 300

Registrar's No. 78

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Gravois Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8114 Mathilda
(If not in hospital or institution, write street number or location)

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

In this community 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 8114 Mathilda
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Thoele

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 92 years

7. Birth date of deceased September 10 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 4 3 hr. _____ min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Hunze

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Ziegenhein
(b) Address 8114 Mathilda

17. (a) Burial (b) Date thereof. 1-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director John L. Ziegenhein
(b) Address 7027 Gravois

19. (a) JAN 14 1941 (b) Dr. R. Meyer
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1941 hour 6 minute 45 AM.

21. I hereby certify that I attended the deceased from 2-10, 1940, to 1-13, 1941; that I last saw him alive on 1-12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic myocarditis ?

Due to arterio sclerosis ?

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

Major findings: Of operations 93 P

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? _____

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

23. Signature Dr. R. Meyer (M. D. or other) _____
Address 68119 Gravois Date signed 1/24/41

Duration ?

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

B. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address: *7027 Graven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.