

FILED MAR 11 1941

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **364**

1. PLACE OF DEATH: St. Louis

(a) County **Lemay Rural**

(b) City or town **Lemay** (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Yeager rd. & Telegraph rd. /**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULLNAME: Henry Wordelmann

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years **About 72** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Janitor**

11. Industry or business **Hoffmanns Grove ave**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Pauline Feldman**

(b) Address **3009 A Magnolia ave.**

17. (a) **Burial** (b) Date thereof **Feb. 17 41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister & Co.**
7814 S. Broadway

(b) Address

19. (a) **FEB 17 1941** (b) **[Signature]**
(Date received local registrar) (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")

(d) Street No. **Route #8 Yeager rd. & Telegraph** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15**
year **1941** hour **8** minute **a** M.

21. I hereby certify that I attended the deceased from **Feb 14 - 1941**
only 19____ to 19____;
that I last saw h. **alive on Feb 14** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**

Due to _____

Due to **83-21**

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) (e) Means of injury _____

23. Signature **Waldoff Hill** (M. D. or other) **[Signature]**
Address **Lemay R 8-710** Date signed _____

Duration **hours**

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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, fact should be so stated above.