S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

12051

State File No.

MAR APR 9 1941

Registration District No. 184 Primary Registration District No. 41 Registrar's No. 550

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

96
8
3

1. PLACE OF DEATH:
(a) County Saint Louis, Co.
(b) City or town Richmond Heights. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1500 Collins Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 96
(c) City or town Richmond Heights. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1500 Collins. Ave. 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie Waters.
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed. 2
6. (b) Name of husband or wife Thomas Waters
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 4th. (Day) 1857. (Year)
8. AGE: Years 83 Months 8 Days 6 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Illinois. 1 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Ludwig Kortum
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Louisa Grobe
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Adele Waters
(b) Address 1500 Collins Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March, 13, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Hill Cemetery. Sec
18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee Street.
19. (a) MAR 11 1941 (Date received local registrar) (b) P. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th. year 1941. hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from 3/9, 1941, to 3/10, 1941; that I last saw her alive on 3/10, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lobar Pneumonia | 7-8 days |
| Due to | |
| Due to | |
| Other conditions Auricular Fibrillation (Include pregnancy within 3 months of death) | 2 |

Major findings:
Of operations 108
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. J. Vollmer (M. D. or other) MD
Address 55 W. Big Bend, Webster Grove Mo. Date signed 3/11/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherok

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

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