No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16314

Registration District No. 791 Primary Registration District No. Registrar's No. 3832

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
In ambulance enroute to Hosp. (Lutheran)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 8001 Gravois
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 Yrs. years.

3. (a) PRINT FULL NAME William German

3. (b) If veteran, name war

3. (c) Social Security No.

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 July (Month) 4 (Day) 1889 (Year)

8. AGE: Years 51 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) & Hungary (State or foreign country)

10. Usual occupation Filling station Prop.

11. Industry or business

FATHER
12. Name Joseph German
13. Birthplace Austria (City, town, or county) & Hungary (State or foreign country)

MOTHER
14. Maiden name Le Blanc
15. Birthplace Austria (City, town, or county) & Hungary (State or foreign country)

16. (a) Informant Henry Loch
(b) Address 5249 ~~Gravois~~ Robert Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/6/41 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John A. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) MAY 6 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1941 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from January 1, 1941, to May 3, 1941 that I last saw him alive on 5-3-41, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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

23. Signature Charles Ehlers (M. D. or other) MD
Address 7602 S. Broadway Date signed 5-3-41

(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.....G. P. Kidwell.....

Licensed Embalmer No.....3877.....

P. O. Address.....7027 Gravois.....

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

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