

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1518

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town Rick Hills

(c) Name of hospital or institution: ST. MARY'S HOSPO
(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 MO (b) County 000

(c) City or town ST. LOUIS 1 1/2
(If outside city or town limits, write "RURAL")

(d) Street No. 7227 MICHIGAN AV.
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH C. WINKELMANN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour 8 minute 20 M.

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

21. I hereby certify that I attended the deceased from 6-30-41
7-29, 1941, to 7/19-41, 1941;
that I last saw her alive on 7/19-41, 1941;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRY 6. (c) Age of husband or wife if alive 66 years
(Month) (Day) (Year)

7. Birth date of deceased DEC 29 1880
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Coronary occlusion

8. AGE: Years Months Days If less than one day
61 6 21 hr. min.

Due to _____

Due to 6-18-41

9. Birthplace ST. LOUIS DMO
(City, town, or county) (State or foreign country)

Other conditions Fracture of ribs 9th & 10th
(Include pregnancy within 3 months of death)
ribs. near side.

10. Usual occupation HOUSE WIFE

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name JOHN FAUST

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

14. Maiden name BARBARA MUELLER

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

16. (a) Informant Henry Winkelmann

(b) Address 7227 Michigan Ave

17. (a) BURIAL (b) Date thereof 7/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS PETER & PAUL CH

18. (a) Signature of funeral director J. P. Zindel

(b) Address 7128 Michigan

19. (a) JUL 22 1941 (b) J. R. [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 6-30-41

(c) Where did injury occur? St. Louis MO 600
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? Yes (Specify type of place) _____

(e) Means of injury fall

23. Signature Charles Ebers (M. D. or other) _____

Address 7602 S. Broadway Date signed 7/21/41

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Lemoy*

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.