

FILLED NOV 26 1941

Registration District No. **1003**

Primary Registration District No. **1003**

Registrar's No. **8295**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hospital. 1)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks.
(Specify whether
 In this community 30 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 5085 N. Kingshighway.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
 year 1941 hour 11 minute 05 AM.
 21. I hereby certify that I attended the deceased from Jan 2
1941 to Oct 17 1941
 that I last saw her alive on Oct 17 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
General Carcinomatosis
Primary Carcinoma
of esophagus

Duration

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 L. M. Bierdan (M. D. or other)
 Address Levee Bldg Date signed.....

3. (a) PRINT FULL NAME Carolina Bultmann.
 3. (b) If veteran, name war No.
 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Late Wm. Bultmann.
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased. December 24 1884.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 23 hr. min.

9. Birthplace New Minden, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Korbesmeyer.
 13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)
 14. Maiden name Minnie Nehart.
 15. Birthplace Germany. ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Hall
 (b) Address 5085 N. Kingshighway.
 17. (a) Burial. (b) Date thereof 10-20-41.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zions Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.

19. (a) OCT 19 1941 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

Dr. P. J. Lister
1-3/1900

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 Harold L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.