

Registration District No. 7 Jy

Primary Registration District No. 200

Registrar's No. 121

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town JENNINGS OVERTON RD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ELMS. CONVALESCENT HOME
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 YEARS
 In this community 3 YRS. 2 MONTHS.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Jennings
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2520 Mc Laren
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. MITROEFER
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 13
 year 1942 hour 12 minute 05 A.M.
 21. I hereby certify that I attended the deceased from January 10th, 1942 to January 13, 1942
 that I last saw him alive on January 12, 1942
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWER
 (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Cardiac failure

8. AGE: Years 66 Months 11 Days 10 If less than one day _____ hr. _____ min.

Due to chronic myocarditis

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

Other conditions gangrene - left leg
cerebral embolism
 (Include pregnancy within 3 months of death)

10. Usual occupation WIRE WORKER RETIRED
 11. Industry or business C.A. RUBIN MANUFACTORY
 12. Name UNKNOWN
 13. Birthplace GERMANY (City, town, or county) _____ (State or foreign country) 4
 14. Maiden name CATHERINE LOJMAN
 15. Birthplace GERMANY (City, town, or county) _____ (State or foreign country) 4

Major findings: _____
 Of operations: _____
 Of autopsy: 93 d

16. (a) Informant MRS. HAROLD TYRER DAUGHTER
 (b) Address 6414 HEEGE ROAD

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? _____

17. (a) _____ (b) Date thereof 1-17-42
 (Burial, cremation) _____ (Month) (Day) (Year)
 (c) Place: burial or cremation MEMORIAL PARK CEM.

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

18. (a) Signature of funeral director M. A. Lockman
 (b) Address 3033 Chestnut ave
 19. (a) JAN 15 1942 (Date received local registrar) (b) H. M. Loran (Registrar's signature)

23. Signature Paul W. Davis (M. D. or other) _____
 Address 2043 Mc Laren Date signed 1/15/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

St. Louis mo.

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.