Rev. 5-17-39 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4033

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1540

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: St Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2015 Menard St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE ALFERS

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 W

6. (b) Name of husband or wife Herman

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 22, 1885 (Month) (Day) (Year)

8. AGE: Years 56 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Peter Ehrhard
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Barbara Hacker
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Herman J. Alfers
(b) Address 2107 Menard St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director W. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) FEB 19 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1942 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Exophthalmic Goitre with Hyperthyroidism	10 years
Due to: acute Thyroid Toxicosis	36 hours
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Adam G. Youngman (M. D. or other)
Address 5439 Gravois Date signed 2/17/42

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(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.....

Licensed Embalmer No.....

P. O. Address.....

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.