

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 20 Days  
(Specify whether 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..... 3400 SO. GRAND BLVD.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Alfred Ienert

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..... DIVORCED  
6. (b) Name of husband or wife..... ESTHER 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... NOV. 9 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 5 25 hr. min.

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

10. Usual occupation..... TAILOR

11. Industry or business.....

12. Name..... CHRISTOPHER IENERT  
13. Birthplace..... GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name..... ROSA ESCHENHAGEN  
15. Birthplace..... GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant..... SISTER SERAPHINE

(b) Address..... 3400 SO. GRAND

17. (a) BURIAL (b) Date thereof..... MAY 7 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... SS PETER & PAUL CEM.

18. (a) Signature of funeral director..... Gubben - Baum

(b) Address..... 2842 Purgandy St.

19. (a) MAY 6 1942 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 4,  
year..... 1942 hour..... 9:55 minute..... P. M.

21. I hereby certify that I attended the deceased from April 16, 1942 to May 4, 1942  
that I last saw him alive on May 4, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Diabetes Mellitus

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... Not performed

Duration

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..... Louis G. Neudorff (M. D. or other)  
Address..... 1515 Lafayette Avenue Date signed..... 5/5/42

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

MOTHER, FATHER

*Separate Embalmers Cert filed*

**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.**