

FILED NOV 16 1942 318

1003

Registration District No.

Primary Registration District No.

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:
Stone Nursing Home #
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME EDITH DOEDLI

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

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John W. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 5 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 1 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Henry C. Ostertag

13. Birthplace Madison Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Adelia Schuetz

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

16. (a) Informant Mrs. C. E. Gruenewald
(b) Address 3635 Flad Ave

17. (a) Burial (b) Date thereof Nov. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frieden's Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 9 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3635 Flad Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1942 hour 1 minute 20 P. A. M.

21. I hereby certify that I attended the deceased from Nov. 5 1942 to Nov. 6 1942
that I last saw her alive on Nov 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinoma of Gall Bladder with metastases.

Due to Patient has been cared for by Dr. Lynn Hopkins

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations As Above

Of autopsy _____

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 0

23. Signature George A. Carroll (M. D. or other)
Address 607 N. Grand Date signed 11-7-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. Geo. A. Carroll
University, Clark College

3-5

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

Felix J. Krupin

Licensed Embalmer No.

3497

P. O. Address

1936 St. Louis

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.