

FILED NOV 16 1942

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9357**

1. PLACE OF DEATH:

(a) County ST LOUIS

(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 LOUIS ALTENHEIM 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5408 S. BROADWAY
(If rural, give location)

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

3. (a) PRINT FULL NAME HANNAH MEILY

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1942 hour 12 30 minute A M.

21. I hereby certify that I attended the deceased from March
1936 to Jan 7, 1942
that I last saw her alive on Jan 7, 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive years

7. Birth date of deceased NOV 14 1857
(Month) (Day) (Year)

Immediate cause of death
Hypostatic Pneumonia
Chronic Myocarditis
Due to fracture of left hip
Due to Senility

Duration 4 days
7

Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
84 11 23 hr. min.

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

10. Usual occupation HOUSEWIFE

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant John W. Hosen

(b) Address 5408 S. Broadway

17. (a) BURIAL (b) Date thereof 11/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mortuary

18. (a) Signature of funeral director Joe P. Finkler

(b) Address 7128 Michigan St.

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fracture left hip

(b) Date of occurrence 10/26/42 MO

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
St Louis Altenheim
(Specify type of place)

While at work? no (e) Means of injury Fall

23. Signature May Starbloff (M.D. or other MD)
Address 512 Dover Place Date signed 11/8/42

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

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.....

Geo. C. Fendler

Licensed Embalmer No. *925*

P. O. Address *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.