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DM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

55708

State File No. 9291

FILED NOV 16 1942

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 1000 17 9

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:
4144 Glasgow Ave
(If not in hospital or institution, write street number or location)

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

In this community

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. 4144 Glasgow Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Caroline Mittenzwey

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 Married

6. (b) Name of husband or wife John Mittenzwey

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 6 (Day) 1878 (Year)

8. AGE: Years 64 | Months 3 | Days 29 | 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

MOTHER FATHER

12. Name Henry Kreuger

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

14. Maiden name Margeretha Meinhardt

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

16. (a) Informant John Mittenzwey

(b) Address 4144 Glasgow Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) NOV 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5 year 1942 hour 5:55 minute P M.

21. I hereby certify that I attended the deceased from Oct 28th 1942, 19..., to Nov. 5th, 19 42, that I last saw h... alive on Nov. 5th, 19 42, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 days
Due to: Chr Nephritis	2
Due to: Cardio Renal defects	3 yrs
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 Arthur Sandoz (M. D. or other) Dr 49

Address 2202 Lawrence Date signed 10/6/42

(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 Felix J. Krispin

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.