

FILED FEB 18 1943

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1106

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:
2241 Keokuk /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ernestine Wendrich

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Carl Wendrich 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased January 28 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 - 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Charles Hilmert
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Brown
(b) Address 2241 Keokuk

17. (a) Burial (b) Date thereof 2/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John W. Duda

(b) Address 3013 Meramec

19. (a) FEB 3 1943 J. F. Bredeck
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2241 Keokuk
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
year 1943 hour 4.45 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 10
1942 to February 2 1943
that I last saw him alive on Nov. 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Senility 3

Due to 93

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature John W. Duda (M. D. or other) MD
Address 3013 Meramec Date signed 2/2/43

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

1176 1 1/2 in.

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.....
George N. Archambault....., Registered Apprentice No. **XXXXXXX**
working under my personal supervision.

Signed *George N. Archambault*
Licensed Embalmer No. **2906**
P. O. Address... **3013 Meramec**

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.