

Registration District No. _____

Primary Registration District No. 2003

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

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:
Bethesda Hosp.
(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 Missouri (b) County St. L.

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

(d) Street No. 2203 McCausland
(If rural, give location)

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

3. (a) PRINT FULL NAME Selma A. Aldag

3. (b) If veteran, name war no

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 6 minute 40 P. M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Edgar J. Aldag

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. 18, 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/18 1943 to 4/4/43 1943
that I last saw her alive on 4/4/43 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>1</u>	<u>16</u>	_____ hr. _____ min.

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

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

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

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Archie Whiteman

13. Birthplace Jackson Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Schmutzler

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

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? _____

16. (a) Informant Edgar J. Aldag

(b) Address 2203 McCausland

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4/7/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Forest

23. Signature Wm. V. Grant (M. D. or other)
Address 4016 1/2 Chestnut Ave Date signed 4/6/43

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APR 6 1943 (Date received local registrar)

(b) J. F. Bredack (Registrar's signature)

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.....

H. R. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.