

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

FILED AUG 1943 318

Registration District No. Primary Registration District No. 100 Registrar's No. 6916

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:  
2841 Sidney St.  
(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:  
Missouri

(a) State..... (b) County.....

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

(d) Street No. 2841 Sidney Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth M. Schlangen

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1943 hour 15 minute 10 P. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased December 24 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1 1943 to July 29 1943  
that I last saw her alive on July 27 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

90 7 5 ..hr. ..min.

Immediate cause of death..... Duration

Due to arterio. sclerosis ..arterio

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

Due to.....

Other conditions..... (include pregnancy within 3 months of death)

Major findings: none

Of operations.....

Of autopsy..... none

10. Usual occupation Athome

11. Industry or business Henry Siemer

12. Name Germany 4

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

14. Maiden name Adeline Toebben

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna M. Guelker

(b) Address 2841 Sidney Str.

17. (a) Burial (b) Date thereof July 31-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Reuben Sons

(b) Address 268 S. Blavois Ave

19. (a) JUL 30 1943 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

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)..... no  
(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 W. H. Amey (M. D. or other) W.H.  
Address 3518 S. Grand Date signed 7-30-43

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 Heriman A. Pelken

Licensed Embalmer No. 2120

P. O. Address 2630 Gravois

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.