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FILED JUN 23 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5433

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:  
4255 Louisiana Avenue.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 1  
years, months or days

3. (a) PRINT FULL NAME LUCIA C. BAUDENDISTEL.

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 Mathias M.

6. (c) Age of husband or wife if alive 62 years

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

8. AGE: Years 65 Months 7 Days 9 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dont know

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

14. Maiden name Dont know

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

16. (a) Informant Mathias M. Baudendistel

(b) Address 4820 Goethe Ave.

17. (a) Burial (b) Date thereof 6/17, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem. Gebken-Benz

18. (a) Signature of funeral director Gebken-Benz

(b) Address 2842 Meramec Street

19. (a) JUN 16 1944 (Date received local registrar)

J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4820 Goethe Avenue  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 15, 1944, to June 13, 1944  
that I last saw her alive on June 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis?  
OTZ

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic Tophalus  
(Include pregnancy within 3 months of death)

Major findings: same

Of operations Do

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? (Specify type of place) \_\_\_\_\_  
(Specify means of injury) \_\_\_\_\_

23. Signature Joseph L. Jensen (M. D. or other) \_\_\_\_\_  
4665 - So. Main Address \_\_\_\_\_ Date signed 6/17/44

**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.....  
*Joe S. Benz*

Licensed Embalmer No. 4249  
2842 Meramec St.  
P. O. Address..... St. Louis, Mo.

**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.**