

FILED NOV 4 1944

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 2197

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Ferguson, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
919 Hudson Road
(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 96
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 919 Hudson Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT Wilhelmina Schopfer
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Jan. 20, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Red Bud, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Meyer

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

14. Maiden name Louise Kruse
Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Harry Schopfer

(b) Address 3021 Bailey Ave.

17. (a) Burial (b) Date thereof Oct. 27, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery
Bromschwig Und. Co.

18. (a) Signature of funeral director _____
(b) Address 4746 West Florissant Ave

19. (a) OCT 20 1944 (b) E. H. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 24
year 1944 hour 10:05 minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 21
1944 to Oct. 24 1944
that I last saw her alive on Oct. 23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Dracemia Duration 3 da.

Due to Interstitial Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature R. J. Right (M. D. or other) _____
Address 415 8th Street Date signed 10/21/44

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

MOTHER FATHER

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.....

W. W. Wilkinson

Licensed Embalmer No.....

35-75

P. O. Address.....

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.