

FILED NOV 20 1944

Registration District No. 27

Primary Registration District No. 3069

Registrar's No. 2312

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution ? (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME

Dora Astroth

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Astroth
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased August 28, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 12 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name George Soherer
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hinkel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Duignan
(b) Address 3719a N. Taylor Ave.

17. (a) Burial (b) Date thereof Nov. 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Calvin F. Feutz, Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 13 1944 (b) E. Y. McLaughan (Registrar's signature) Address 1226 Manchester Date signed 11-11-44

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 068
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3719a N. Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1944 hour 12:01 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 15
1944 to Nov. 10 1944
that I last saw her alive on Nov. 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. myocarditis
Ch. Nephritis
Anaemia
Hyperleucemia
Due to A B D
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

5 yrs.

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? (c) Means of injury
Signature A Sterling (M. D. 0)
Address 1226 Manchester Date signed 11-11-44

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

7340 Blum
12-1

NOV 16 1958

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.....

John A. Blum

Licensed Embalmer No. 4186

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.