

FILED APR 6 1945 318

Primary Registration District No. 1003

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:
3740 Iowa Ave
(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.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3740 Iowa Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nettie Ahrenhoersterbeaumer

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 Widow

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

7. Birth date of deceased August 23 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 3 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Julius DeMay

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

14. Maiden name McCarthy

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

16. (a) Informant Mrs. Lyman J. Mueller

(b) Address 4675 Primm St.

17. (a) Burial (b) Date thereof 3-28-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director J. F. Bredek

(b) Address 64-09 Gravois Ave.

19. (a) MAR 27 1945 (b) Registrar's signature J. F. Bredek
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 26 to March 26, 1945
that I last saw him alive on March 26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Infarction
Duration 1 hour

Due to Chronic Myocardial Infarction 8 yrs.

Due to 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Chronic Myocardial Infarction
Of operations: None

Of autopsy..... 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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Bredek (M. D. or other).....
Address 3606 Sharps Date signed 3/27/45

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

Dr. W. W. Wenzelburg
3608 Briarwood
22 To 4

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 *Horner W. Fritz*
Licensed Embalmer No. *3882*

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.