

U. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35895

State File No. _____

FILED NOV 23 1945
318

Registrar's No. 9823

Registration District No. _____ Primary Registration District No. 100

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:
The Lutheran Altenheim
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 years
(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. 8721 Halls Ferry Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Johanna Stoll
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 12
year 1945 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 15
1942 to Nov 12, 1945
that I last saw her alive on Nov 10, 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased January 13 1870
(Month) (Day) (Year)

Immediate cause of death Carcinoma sigmoid colon Duration 3 yrs
Due to _____
Due to 46
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 9 29 hr. _____ min.

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Forest Green, Chariton County Mo
(City, town, or county) (State or foreign country)
10. Usual occupation nil

11. Industry or business _____
12. Name Fred Meyer
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Margarette Meyer nee
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rudolph Saenger, Daughter
(b) Address 1250 Kirkham, Glendale Mo
17. (a) Burial (b) Date thereof Nov 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Peters

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)
(c) Means of injury _____

18. (a) Signature of funeral director Beidervieden F H Inc
(b) Address 1936 St 4945 venue
NOV 14
19. (a) NOV 14 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

23. Signature Edwene P Arnold (M. D. or other) MD
Address 1449 W. 2nd St Date signed 12/12/45

(Licensed Embalmer's Statement on Reverse Side)

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

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22-51
RCS
8 NOV

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..... *Delix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.