

No. 2
A-5-43
5-17-39
I X36671

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2141

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:
4625 Korte Pl. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Johanna M. Alsmeyer
3. (b) If veteran, name war None
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 William C. Alsmeyer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 2, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 0 29 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Herman Rasche

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Lydia Settlage
(b) Address 4625 Korte Pl.

17. (a) Burial (b) Date thereof 3/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 5 1946 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4625 Korte Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st.
year 1946 hour 4:00 P. Minute _____ M.

21. I hereby certify that I attended the deceased from 2-28-46 to 2-28-46
that I last saw her alive on 2-28-46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Sudden
Ch. Myocarditis 10yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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? _____ (Specify type of place)

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Nubel Street (M. D. or other) M.A.
Address 2739 N. Grand Date signed 2-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9755

70
7
7

FILED MAR 18 1946 318

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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 William H. Buchholz
Licensed Embalmer No. 2110
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.