

FILED MAY 2 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3663

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: City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 29 yrs. 10 mos. 17 ds.
(Specify whether years, months or days)
 In this community 64 yrs.

3. (a) PRINT FULL NAME ELEANORE ZOEHRINGER

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

7. Birth date of deceased May 9 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 11 If less than one day 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 Henry Uffmann
 13. Birthplace not given Florida
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Henerfouth
 15. Birthplace not given Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. Singler
 (b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 4/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery
 18. (a) Signature of funeral director J. F. Breeseck
 (b) Address 501 S. Olive

19. (a) APR 22 1946 (b) Registrar's signature J. F. Breeseck
(Date received local registrar) (Registrar's signature)

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. 5400 Arsenal St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
 year 1946 hour 8.20 minute A M.

21. I hereby certify that I attended the deceased from April 1st, 1946, to April 20, 1946, that I last saw her alive on April 20, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute left ventricular Heart Failure

Due to 1/14/46

Hypertension & Arteriosclerosis 15 yrs.

Due to _____

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy As above

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 2

23. Signature Wm. Lindner (M. D. or other) _____
 Address 5400 Arsenal St. Date signed 4/21/46

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

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 Elmo R Galwell

Licensed Embalmer No. 4077

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.