

FILED SEP 23 1947

State File No. _____

Registration District No. 310

Primary Registration District No. 1003

Registrar's No. 8763

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3536 Arkansas St. /
(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 ooc
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2211 Keokuk St.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Denkmann

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 Christian 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 4, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months — Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

MOTHER FATHER

11. Industry or business _____

12. Name August Sondermann
13. Birthplace Germany 4
(State or foreign country)

14. Maiden name Maria Grafinger
15. Birthplace Germany 1
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Grofe Jr.
(b) Address 3536 Arkansas Ave.

17. (a) Burial (b) Date thereof 9/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery
John H. Gebken Sons and Co.

18. (a) Signature of funeral director _____
(b) Address 2630 Gravois Ave.

19. (a) SEP 18 1947 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18
year 1947 hour 4,50 minute A M.

21. I hereby certify that I attended the deceased from 10-20-47
19 _____ to 9/18/1947 19 _____
that I last saw her alive on 9-18-47 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Myocardial infarction

Duration
4 years
4 years

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 _____ (e) Means of injury _____

23. Signature John D. Serti (M. D. or other) MD
Address 2840 Col. form Date signed 9-18-47

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 Robert T. Gebken
Licensed Embalmer No. 4144
P. O. Address 2630 Gravois Ave.

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.