

No. 2  
12-45  
17-39  
X47070

State File No. \_\_\_\_\_  
Registrar's No. 11253

FILED DEC 15 1947 318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

(b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
FIRMIN DESLOGE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 2852 ARSENAL  
24  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AMELIA DENNER

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 CHARLES 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased FEB. 6 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name WILLIAM DECKER

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

14. Maiden name UNKNOWN

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

16. (a) Informant MARION JOHNSON

(b) Address 2852 ARSENAL

17. (a) BURIAL (b) Date thereof DEC. 9 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Thomas Kuti's son

(b) Address 2852 ARSENAL

19. (a) DEC 9 - 1947 (b) J. F. Bronck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 6  
year 1947 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct. 1947  
to Dec 6 1947  
that I last saw h. or alive on Dec. 5, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration unkn

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 \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Raymond T. Hunt M. D. or other MD  
Address 5203 Chapin Date signed 12-7-47

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

MOTHER FATHER

John Martin

5203 Chippewa

Ramona 301

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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..... *Harold C. Seil*.....

Licensed Embalmer No. *4347*

P. O. Address..... *2906 Travis*.....

**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.-