

FILED MAY 15 1948

Registration District No. **310**

Primary Registration District No. **1003**

Registrar's No. **4277**

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: **5204 Tholozan Ave.**
 (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..... **Mo.** (b) County..... **aac**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5204 Tholozan Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **EMMA DAUERHEIM**
 3. (b) If veteran, name war..... **None**
 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..... **Late Henry L.**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **July 8 1857**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	9	27 hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER
 12. Name..... **Leonard Keil**
 13. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name..... **UNKNOWN Maudrich**
 15. Birthplace..... **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Bettie Millman**
 (b) Address..... **5204 Tholozan Ave.**

17. (a) **Burial** (b) Date thereof..... **5-8-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Bethany Cemetery**

18. (a) Signature of funeral director..... **Kriegshauser Und. Co.**
 (b) Address..... **4228 So. Kingshighway Bl.**

19. (a) **MAY 6 1948** (b) **J. F. Bedeck**
 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **5**
 year..... **1948** hour..... **5:20** minute..... P. M.

21. I hereby certify that I attended the deceased from..... **Jan. 1 1948** to..... **May 5 48**
 that I last saw her..... alive on..... **Feb. 28 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Occlusion**
myocardial infarction Sudden

Due to..... **Arteriosclerotic Heart Disease**

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) **97**

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN
 Underline the cause of 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)

(e) While at work?..... (e) Means of injury.....

23. Signature..... **Paul E. Hoste** (M. D. or other)
 Address..... **3723 S. Kingshighway St.** Date signed..... **5/6/48**

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

3723-2 J. Hengelinghaus

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 Richard W. Stovessand

Licensed Embalmer No. 4007

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.