

FILED JAN 11 1949 318

Registration District No. _____ Primary Registration District No. 1003

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

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:
5019² WINONA!
(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
years, months or days

3. (a) PRINT FULL NAME August Henry Constanz

3. (b) If veteran, name war WW-1

3. (c) Social Security No. YES

4. Sex M D

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BEATRICE

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased NOV 13 1896
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation CHIEF INSPECTOR

11. Industry or business CENTURY ELEC

12. Name WILLIAM CONSTANZ

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

14. Maiden name HILDA BOLLMAN

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

16. (a) Informant BEATRICE CONSTANZ

(b) Address 5019² WINONA

17. (a) BURIAL (b) Date thereof DEC 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: SUNSET BURIAL PARK

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORT

(b) Address 6464 CHIPPEWA

19. (a) DEC 26 1948 (b) J. B. Lascater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS

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

(d) Street No. 5019² WINONA
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER 21
year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from January, 1947, to DECEMBER, 1948;
that I last saw him alive on DECEMBER 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCASION

Due to ARTERIO-SCLEROSIS
MYOCARDITIS, Chronic

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 _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 812 Olive Street St. Louis Date signed 12/25/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JAN 21 1948

Dr. Rendlema n
Jefferson Hotel

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 *Lewis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.