

318

1003

-61-023292

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **6001**

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH JUL 7 1961

| | | | |
|----------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 72 yrs | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarinate Word | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5859 Loran Ave |

3. NAME OF DECEASED (Type or print) First Middle Last
Gertrude Waldemer

4. DATE OF DEATH Month Day Year
June 27 1961

| | | | | | | |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|-------------------------------------------|----------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July 17, 1888 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------|-------------------------------------------|----------------|

| | | | |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work | 10b. KIND OF BUSINESS OR INDUSTRY OWN | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|

| | | |
|---------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| 13a. FATHER'S NAME Henry Waldemer | 13b. MOTHER'S MAIDEN NAME Caroline Schmendt | 14. NAME OF HUSBAND OR WIFE ----- |
|---------------------------------------------|-------------------------------------------------------|---------------------------------------------|

| | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Address Mr. Arthur Waldemer 5859 Loran Ave St. Louis, Missouri |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------|

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **arteriosclerotic Heart disease with decompensation**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) **420.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

| | | |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____ |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

| | | |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sept 9, 1936 | 20f. CITY, TOWN, OR LOCATION COUNTY STATE June 27, 1961 |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

21. I attended the deceased from **Sept 9, 1936** to **June 27, 1961** and last saw her alive on **June 26, 1961**
Death occurred at **4:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|----------------------------------------------------------------|-------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title) Joseph E. Carney MD | 22b. ADDRESS 906 Olive St | 22c. DATE SIGNED 6-28-61 |
|----------------------------------------------------------------|-------------------------------------|------------------------------------|

| | | | |
|------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 29, 1961 | 23c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
|------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| 24. FUNERAL DIRECTOR ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St. Louis 9, Missouri | 25. DATE RECD. BY LOCAL REG. JUN 28 1961 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|

Dr. J. E. Carney
Frisco Bldg

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John J. Deunck

Licensed Embalmer No. 41940

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.