

Registration District No. _____

Primary Registration District No. **1003**

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
4113 1/2 St. Louis Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

3. (a) PRINT FULL NAME Joseph F. Imhoff

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Genevive 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec 10, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business retired

12. Name John Imhoff 4

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

14. Maiden name Emma Deaver

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

16. (a) Informant Mrs. J. Imhoff

(b) Address 4113 1/2 St. Louis Ave.

17. (a) Burial (b) Date thereof 3/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedron Mo.

18. (a) Signature of funeral director Joseph A. Howard

(b) Address 1619 S. Grand

19. (a) MAR 5 1946 (b) J. F. Decker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4113 1/2 St. Louis Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1946 hour 5:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 10, 1945, to March 3, 1946
that I last saw him alive on March 3, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure
hypertensive heart disease

Due to diabetes mellitus

Due to Ch. Schistosomal

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

Major findings: Of operations VA

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address 4967 Maryland Date signed 3/3/46

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

111160

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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 Joseph Howard

Licensed Embalmer No. 4139

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.