

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

46645
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 786
(b) Township _____ Primary Registration District No. 469 Registered No. 67
(c) City Maplewood (d) Street No. 7457 Richmond Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theresa Johann

(a) Residence, No. 7457 Richmond Place St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franz Johann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-31-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

FATHER 13. NAME Peter Link

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER 15. MAIDEN NAME Regina Maul

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hingary

17. INFORMANT Franz Johann (ADDRESS) 7457 Richmond Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Mausoleum DATE Dec. 20 - 1937

19. FUNERAL DIRECTOR Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED Jan 1 19 38 Pauline Burtner Local Registrar (Address) 3606 Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16th. 19 37

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1935, to December 16, 1937

I last saw her er alive on December 16, 1937. Death is said to have occurred on the date stated above, at 8:15 PM

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma of Whole Pelvis. Duration 3 years.

Other contributory causes of importance: _____

Name of operation 10/28/35-Complete Hyster-
What test confirmed diagnosis? physical Was there an autopsy? rectomy and laboratory findings

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Note: - No autopsy.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify No

(Signed) G. L. Stetler M. D.

(Address) 3606 Brown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

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STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed.....
..... Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 786
 (b) Township _____ Primary Registration District No. 4469
 (c) City Maplewood (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Theresa Johann
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>44</u>	<u>6</u>	<u>17</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 1-1 37 Prichard Prichard Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 1937 to _____ 1937
 I last saw h. _____ alive on _____ 1937. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
metastatic carcinoma of
urinary bladder
secondary carcinoma of
uterus - duration 3 years
 Date of onset _____
 Other contributory causes of importance:
48
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1937
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify, whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. L. Hertel, M. D.
 (Address) 5606 Gravois

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

