

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 7 1938

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

22867  
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Clayton Primary Registration District No. 101 Registered No. 1106

(c) City Clayton (d) Street No. St. Louis County Hospital

(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 Susie Mort 630

(a) Residence, No. FeeFee Rd. & Midland, Maryland Hts. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Justers Mort

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/9/1872

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

66      7      17

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

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) Mo.

FATHER

13. NAME Fred Freund

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

MOTHER

15. MAIDEN NAME Elizabeth Smith

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

17. INFORMANT George Mort (son)  
(ADDRESS) FeeFee & Midland

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 6/29/38

19. FUNERAL DIRECTOR Bauman Bros.  
(ADDRESS) 2504 Woodson Rd. Overland Mo.

20. FILED JUN 28 1938 DR. Myers MD RCH Address St. Louis Co. Hosp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/13/38, 1938, to 6/26/38, 1938.

I last saw her alive on 6/26/38, 1938. Death is said to have occurred on the date stated above, at 1.30 P.M.

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

Diabetes Mellitus

Gas gangrene following operation of amputation of R. leg

Other contributory causes of importance: 59'

Name of operation Amputation Date of 6/26/38

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? — Date of injury —, 1938  
 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? no  
 If so, specify George M. Forlan M. D.  
 (Signed) DR. Myers MD RCH Address St. Louis Co. Hosp

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Carl H. Helms, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

me L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Carl H. Helms

Licensed Embalmer No. 3501

**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.)**