

49
 1-1 X1422
 1938 JAN 11

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

41064
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Lutheran Hospital** St.
 (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

Mary Roland
 (a) Residence, No. **3741 Meramec St.** St. **15**
 (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 **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Richard Roland**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 30 18 69**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 12

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) **St. Louis Mo.**

FATHER 13. NAME **William Blase**

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

MOTHER 15. MAIDEN NAME **Elizabeth Koenig**

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Richard W. Roland 3741 Meramec**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Pk** DATE **Dec 15 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Schumacher Und. Co. 3013 Meramec St.**

20. FILED **DEC 14 1938** **J. B. Bredbeck** Local Registrar.

NO MEDICAL ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 12 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... P.M. Death is said to have occurred on the date stated above, at **11:00 P.M.**

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

laceration of Scalp; Fracture of left arm; Arterio Sclerosis; suffered when she fell down nine steps to the concrete floor in the basement of her home at 3741 Meramec St., on November

Other contributory causes of importance: **5, 1938, at about 8:00 P.M.**

Name of operation Date of **No**
 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? **Accident** Date of injury **11/5/38**
 Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **In Home**
 Manner of injury **See Above**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **W. J. ...**, M. D.
 (Address) **...**

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,

Gray J. A. A. A. A. or by

Registered Apprentice No., working under my personal supervision.

Signed *Gray J. A. A. A. A.*

Licensed Embalmer No. *2906*

P. O. Address *3513 M. Avenue*

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, above space should be left blank.