

Registration District No. 1000

Primary Registration District No. _____

Registrar's No.

9234

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1534 Mississippi Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community 45 Years
 years, months or days)

3. (a) PRINT FULL NAME Mary M. Offenburger 1518. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband Frank J. 6. (c) Age of husband or wife if alive Deceased
 7. Birth date of deceased March 21, 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 6 hr. min.9. Birthplace Quincy Illinois
 (City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business At Home12. Name Conrad Ohnemus13. Birthplace Baden Germany
 (City, town, or county) (State or foreign country)14. Maiden name Margelene Strigel15. Birthplace Baden Germany
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Freda Offenburger(b) Address 1534 Mississippi17. (a) Cremation (b) Date thereof 10/30/39
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director A. H. M. Laughlin(b) Address 2301 Lafayette Ave.19. (a) Oct 26 1939 (b) J. F. Budesh
 (Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1534 Mississippi
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day October
 year 1939 hour 8 minute 45 AM M.21. I hereby certify that I attended the deceased from June
20, 1935, to Oct 27, 1939
 that I last saw her alive on 10/27, 1939
 and that death occurred on the date and hour stated above.Immediate cause of death Cere. Myocarditis Duration 1935Due to HypertensionDue to arteriosclerosisOther conditions None

(Include pregnancy within 3 months of death)

Major findings: Of operations NoneOf autopsy NonePHYSICIAN None
 Underline the cause to which death should be charged statistically

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)

(a) Means of injury _____

23. Signature Frank Cleary (M. D. or other) _____Address 1935 Park Date signed 10/27/39

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 Paul A Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.