

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37721

791  
Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_

Registrar's No. 9560

1. PLACE OF DEATH: 1008

(a) County 1

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Anthony Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether)

In this community 54 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")

(d) Street No. 4355 Delor  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary F. Albert 436

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 20, 1885  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business 0

MOTHER FATHER { 12. Name Casmer Schillinger 6

13. Birthplace Germany 1  
(City, town, or county) (State or foreign country)

14. Maiden name Falster

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

16. (a) Informant's own signature Richard Albert

(b) Address 4355 Delor St.

17. (a) Burial (b) Date thereof 11/11/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Mackey-Helders

(b) Address 2331 S. Broadway

19. NOV 9 1939 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8  
year 1939 hour 3 minute 30 a. m.

21. I hereby certify that I attended the deceased from 10-20-39 to Nov-7-39  
that I last saw her alive on Nov-7-39  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Reney Stones

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Reney Stones  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy me

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)

Means of injury \_\_\_\_\_

23. Signature Joseph L. Lewis (M. D. or other) \_\_\_\_\_  
Address 470 9th & Green Date signed 11/8/39

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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..... *Robert Crockett* .....

Licensed Embalmer No. *2128* .....

P. O. Address *St Louis mo* .....

**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.**