

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.

Registration District No. 100

Primary Registration District No. 200

Registrar's No. 2018

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis LEMAY
(If outside city or town limits, write "RURAL" and name of township)
111 West Loretta 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis LEMAY
(If outside city or town limits, write "RURAL")
 (d) Street No. 111 West Loretta
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary UFMANN 155
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 16
 year 1939 hour 9 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Nov 9th, 1939, to Nov 16th, 1939;
 that I last saw him alive on Nov 15th, 1939;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 16 1861
(Month) (Day) (Year)

Immediate cause of death
Myocarditis Chronic
 Due to Atherosclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy No

8. AGE: Years 78 Months 2 Days 0
 If less than one day _____ hr. _____ min.
 9. Birthplace Cape Girardeau Mo. 0
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

PHYSICIAN _____
 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? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Jacob Huenerfauth
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Christine Steppan
 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)
 16. (a) Informant's own signature Charles H. Hoffmann
 (b) Address 111 West Loretta
 17. (a) Burial (b) Date thereof 11/20/39
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetery
 18. (a) Signature of funeral director Charles H. Hoffmann
 (b) Address 4016 Chestnut St.
 19. (a) NOV 18 1939 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

23. Signature Edmund G. Beck (M. D. or other) _____
 Address 9768 752.29 So Broadway Date signed Nov 18/39

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 Ernest W. Spiller

Licensed Embalmer No. 41080

P. O. Address 3528 Russell P.

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.