

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. 791  
1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(c) Name of hospital or institution: DePaul Hospital  
(d) Length of stay: In hospital or institution 10 days  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 8128 Church Road,  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Lonsberg,  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Conrad 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 13, 1861  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Vincent Lonsberg  
(b) Address 8200 North Broadway  
17. (a) Burial (b) Date thereof 12/15/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Occord Hoffmeister  
(b) Address 4016 Chippewa

19. (a) DEC 14 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
year 1939 hour 2 minute 40 a. m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1939, to Dec. 13, 1939,  
that I last saw her alive on Dec 12, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death Abdominal  
ulcer - hemorrhis Duration 5 yrs.

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

Other conditions Cholelithiasis  
(Include pregnancy within 3 months of death) no stones

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 30. 127

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)  
(e) Means of injury \_\_\_\_\_

23. Signature J. J. Morris (M. D. or other)  
Address 8027 1/2 S. Broadway Date signed 12/14/39

**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. Spillars*

Licensed Embalmer No. *4080*

P. O. Address *3528 Russell*

**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.**