

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.

JAN 12 1940

State File No.

10859

Registration District No. 2007

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

Registrar's No.

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2819 McNair Av.  
(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 1  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 24  
(d) Street No. 2819 McNair Av.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18th  
year 1939 hour \_\_\_\_\_ minute 30 P. M.

21. I hereby certify that I attended the deceased from  
October, 1934 to Dec. 18, 1939  
that I last saw her alive on Dec. 17, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Broncho Pneumonia 5 day

Due to Senility and chest cold.

Due to Myocarditis, chronic Miss

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Alfred M. Jangentbach (M. D. or other) M.D.  
Address 5427 Southpark Ave. Date signed Dec 19

3. (a) PRINT FULL NAME Mary Herbert 616

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 27th 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 6 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business 1

12. Name George Herbert 6

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

14. Maiden name Unknown 6

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

16. (a) Informant's own signature John Thieren

(b) Address 2819 McNair Av.

17. (a) Burial (b) Date thereof Dec. 20, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Ziegenhain Bros

(b) Address 2621-23 Cherokee St.

19. (a) DEC 20 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

**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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**