

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution;
Christian Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3202 Sullivan Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1940 hour 10⁰⁰ minute P.M., M.
21. I hereby certify that I attended the deceased from
May 18th, 1940, to May 25, 1940
that I last saw her alive on May 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
obstruction of Common Bile duct, cholelithiasis,
Cholecystitis chr.,
Sclerosis.
Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
Major findings: no
Of operations _____
Of autopsy _____
Duration 3 weeks
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 1
23. Signature E. A. Mellis (M. D. or other) _____
Address 2739 N. Grand Date signed _____

3. (a) PRINT FULL NAME MRS. MARY IHER BECK

8. (b) If veteran, name war no 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Late William Duerbeck 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 13 - 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name William Pohlman

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

14. Maiden name Unknown
15. Birthplace Germany
(City, town or county) (State or foreign country)

16. (a) Informant Mr. William Duerbeck

(b) Address 4114 San Francisco Ave

17. (a) Burial (b) Date thereof May 29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director W. G. Gardner U. Co.

(b) Address 2223 St. Louis Ave

19. (a) MAY 28 1940
(Date received local registrar) (Signature of Registrar)

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

unofficial

2/3/39 H. Howard In 3826
12-2-79 P.M.

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St. Louis

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.