

1899
S. No. 2
-11-10-30
5-11-10-30
-1-2-1492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40182

State File No.

JAN 15 1940 791

1003

Registrar's No.

9953

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(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 _____
years, months or days

8. (a) PRINT FULL NAME Mamie Fong

3. (b) If veteran, name war _____
3. (c) Social Security 488-10-525
191-10-8290

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

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

7. Birth date of deceased. November 8, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>0</u>	<u>24</u>	hr. min.

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

10. Usual occupation Laundry work

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Scherer

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

14. Maiden name Anna Schneider

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

16. (a) Informant May Benny

(b) Address New York N.Y.

17. (a) Burial (b) Date thereof Dec. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wm Bro. L. H. Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) DEC 4 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2721 Shenandoah Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2,
year 1940 hour 10:55 minute A. M.

21. I hereby certify that I attended the deceased from November 30, 1940 to December 2, 1940; that I last saw her alive on December 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Breast
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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)
(a) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address 1515 Lafayette Ave. Date signed 12/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Paul A. Shanklin

Registered Apprentice No.

working under my personal supervision.

Signed *Paul A. Shanklin*

Licensed Embalmer No. *3472*

P. O. Address *29998 Jefferson*

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.