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7-39
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STANDARD CERTIFICATE OF DEATH

State File No. 23187

REG AUG 28 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 5539

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 day's
(Specify whether years, months or days)

In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1510 Rear Menard St. 23
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary M. Winters

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1941 hour 4 minute 45P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Neubauer

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May 9, 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-16, 1941, to 7-3-41, 1941; that I last saw her alive on 7-3-41, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 1 Days 24 If less than one day
hr. _____ min. _____

Immediate cause of death Lung Abscess
Lobar pneumonia 2 Wks.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

Due to 108

Due to _____

10. Usual occupation Attendant

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

11. Industry or business City Hospital

MOTHER FATHER { 12. Name Unknown

13. Birthplace don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hasseldiek

15. Birthplace New York, N.Y. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy Refused

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Thomas S. Kelly

(b) Address 1510 Rear Menard St.

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? _____

17. (a) Burial (b) Date thereof July 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salomon Smiley
177 Paschidg.

18. (a) Signature of funeral director _____

(b) Address 2825 N. Grand Blvd.

19. (a) JUL 5 1941 (b) R. J. Maxwell
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature R. J. Maxwell (M. D. or other) D
Address _____ Date signed _____

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

J. Wm. Binkley

Licensed Embalmer No. *3693*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.