

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:
4730 Beacon St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4730 Beacon St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mary Shymanski

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... Anthony Shymanski 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... June 3 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 23 hr. min.

9. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Unknown

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Shymanski
(b) Address 4706 Wren Ave.

17. (a) Burial (b) Date thereof 7-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) Jul 28 1941 (b) J. W. Zwick
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1941 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from May 28
1941 to July 26 1941.
that I last saw her alive on July 25 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chronic myocarditis 14 year
mitral regurgitation 14 year

Due to..... Chronic Bronchitis + 3 years
Bronchial Asthma 14 year.

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 Charles H. Guilmore (M. D. or other) D
Address 5183 Cabanne Ave Date signed 7/26/41

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

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17
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5182

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..... *Albert R. Thompson Jr.*

Licensed Embalmer No. *4237*

P. O. Address.....

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, fact should be so stated above.