

No. 2
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5-17-39
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DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30142**
7481
Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

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

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 1 Day
In this community 0 years, months or days (Specify whether)

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. 2855 Meramec St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mathilda Pembleton
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 Married
6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased October 12 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 3 If less than one day hr. min.

9. Birthplace St. Joseph Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Savoie
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Richard
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Pembleton
(b) Address 2855 Meramec St.

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

(c) Place: burial or cremation Concordia, Kansas.

18. (a) Signature of funeral director J. N. Gubben L. & Co.

(b) Address 2842 Meramec St.

19. (a) SEP 16 1941 (b) J. P. Brudeck
(Received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15,
year 1941 hour 9:10 minute A. M.
21. I hereby certify that I attended the deceased from September 14,
14, 1941 to September 15, 1941
that I last saw him et. alive on September 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Branchial Aneurysm
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....
Of autopsy alive

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 J. P. Brudeck (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 9/15/41

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.....

Joseph S. Benz

....., Registered Apprentice No. 218

working under my personal supervision.

Signed.....

Loron E. Bercy

Licensed Embalmer No. 4094

2842 Meramec St.

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

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.