No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33385

FILED NOV 24 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8340

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:
4067a St. Louis Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 11 0

(d) Street No. 4067a St. Louis Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret Einig

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced S D

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 27 (Day) 1870 (Year)

8. AGE: Years 71 Months 7 Days 22 If less than one day hr. min.

9. Birthplace New York (City, town, or county) / (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Daniel Einig

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

14. Maiden name Margaret Fienew

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

16. (a) Informant Anna Einig

(b) Address 4067a St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22 1941 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) OCT 31 1941 (Date received by local registrar) (b) J F Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 year 1941 hour 8:17 minute A. M.

21. I hereby certify that I attended the deceased from July 8 1941, to Oct 19 1941; that I last saw h. alive on Oct 18 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic arteriosclerotic cardiovascular disease	
Due to:	2 + yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Herpes Zoster 10th T. thoracic (left)	6 wks-41

Major findings:
Of operations —
Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ulleo D Mozet M.D. (M. D. or other)

Address 2739 N. Grand Bl. Date signed 10-20-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis C

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

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