

Registration District No. 757

Primary Registration District No. 3.036

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2300 N. Benton Avenue
(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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 8, 1941, to _____, 1941;
that I last saw h.e. alive on Dec 8th, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Cerebral Hemorrhage
Due to _____

Blow Trauma
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no
160°
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 A P Ferich Schling M. D. or other _____
Address St. Charles Mo Date signed 12/28/41

3. (a) PRINT FULL NAME St. Charles May Maloney

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 8 1941
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name James Maloney

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

14. Maiden name Genevieve Buschdieck

15. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

16. (a) Informant James Maloney

(b) Address 2300 N. Benton - St. Charles, Mo

17. (a) Burial (b) Date thereof Dec 10 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., St. Charles, Mo

18. (a) Signature of funeral director H. C. Dellmeyer & Sons

(b) Address 800 N. Second - St. Charles, Mo

19. (a) 12-27-41 (b) Clarence H. Wessler
(Date received local registrar) (Registrar's signature)

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

J. E. Schling 42845

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 John E. Dellmeyer
Licensed Embalmer No. 9951
P. O. Address St Charles 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.