V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4764

Registration District No. 791

Primary Registration District No. 1005

Registrar's No. 2130

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

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:
2517 W. Dodier St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 78 yrs. 11 mos. 18 das
years, months or days)

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. 2517W. Dodier St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Nuermberg

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Henry Nuermberg

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

7. Birth date of deceased Mar. 17, 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	18	hr. min.

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

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Henry Temborious
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Stradtmann
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Christine Kluge
(b) Address 2516 W. Sullivan Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-9-'42
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave

19. (a) MAR 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5th
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 3, 1942 to March 5, 1942
that I last saw h w alive on March 5, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	1 day
Due to Chronic Myocarditis	yrs
Bronchial Asthma	yrs
Due to Hypotension	yrs.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur Sundlow (M. D. or other) M.D.

Address 2202 University St. Date signed 3/6/42

(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 Charles J. Goodhart

Licensed Embalmer No. 7777

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.