

FILED APR 8 1942

791

Primary Registration District No. 1003

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 4208 Russell
(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 _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4208 Russell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Marlen

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 Dead
6. (b) Name of husband or wife Dead 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 29 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 22 10 min.

9. Birthplace Kaskai, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Charles Kleineberg
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Link
15. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William Marlin
(b) Address 4208 Russell
17. (a) Removal (b) Date thereof 3/23/42
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Bud Ill.
18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington
19. (a) MAP 22 1042 (b) J. J. Bredell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour 9 minute 52 P.M.

21. I hereby certify that I attended the deceased from 3/17-42
_____, 19____, to 3/21-42, 19____
that I last saw h. alive on 3-21-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 day

Due to _____

Due to _____

Other conditions None
(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 E. E. Edwards M. D. or other _____
Address 4216 Shaw Blvd Date signed 3/22/42

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

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

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address. *City*

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.