V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

13030

State File No. 1003

FILED MAY 19 1942 791

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 4206

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days. (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 16 17
(d) Street No. 3322 Miami St. (If rural, give location) 5
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME MARY SCENDREY
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 John Scendry
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased About 1880 (Month) (Day) (Year)

8. AGE: Years About 61 years; Months; Days; If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Hungaria (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Hungaria (State or foreign country)

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

16. (a) Informant John Scendry
(b) Address 3322 Miami St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director John Kassly
(b) Address 1101 N. 9th St., E. St. Louis, Ill.
19. (a) MAY 12 1942 (Date received local registrar) J. F. Boedicker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 3:25 P. minute ..... M.
21. I hereby certify that I attended the deceased from 4-30-42, 19..., to 5-11-42, 19...; that I last saw h. 1m alive on 5-11-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchopneumonia (Onset 3 days)
Due to Pseudo Culbar paralysis 4years x
Due to Cerebral Arteriosclerosis 4yrs. x
Other conditions Chronic Emphysena pulmonum 4 years x
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107 a
Of autopsy 107 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 0
23. Signature Anthony K. Busch (M. D. ~~or other~~)
Address 5300 Arsenal Date signed 5/11/42

84 (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.

not Embalmed

Signed John J Kassly

Licensed Embalmer No. 6855

P. O. Address East St. Louis Ill.

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.