

STANDARD CERTIFICATE OF DEATH

State File No. 5739
Registrar's No.

Registration District No.

Primary Registration District No. 1003

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:
St. Louis City Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
3 Months, 22 days (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,
(If outside city or town limits, write "RURAL")

(d) Street No. 3217 Osage St.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary M. Bahlinger,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female, 5. Color or race Whitem,

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased February 17, 1871,
(Month) (Day) (Year)

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

71 4 17 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Clemens Richter,

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

14. Maiden name Don't know,

15. Birthplace Don't know,
(City, town, or county) (State or foreign country)

16. (a) Informant Dennis Bahlinger,

(b) Address 3217 Osage St.,

17. (a) Burial (b) Date thereof July 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. P.&P. Cemstery

18. (a) Signature of funeral director J. F. [Signature]

(b) Address 2842 Meramec St.,

19. (a) JUL 8 1942 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1942 hour 7: minute 25 A. M.

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

Immediate cause of death Broncho pneumonia Duration
Admission to hospital 4 days prior to death
when deceased fell to floor in
bedroom of his home on
February 19, 1942 exact
time unknown

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) Accident 000

(b) Date of occurrence Feb - 19 - 1942

(c) Where did injury occur? At Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) Means of injury fall

23. Signature James P. [Signature] (M.D. or other)
Address 1300 [Signature] Date signed 7/6/42

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..... Me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Joe S Benz.....

Licensed Embalmer No. 4249
2842 Meramec St.,
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.