

FILED JUL 28 1947 91

Registration District No. _____ Primary Registration District No. **1003**

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:
Enroute To City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether
In this community **50 Years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **7 23**
(If outside city or town limits, write "RURAL")
(d) Street No. **2108 Lafayette**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____
No Attending Physician

3. (a) PRINT FULL NAME **Ma r g a r e t h a B i s s e r**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **18**
year **1942** hour **8** minute **20** p.M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **2 Widowed**
6. (b) Name of husband or wife **Paul A** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **April** (Month) **1** (Day) **1864** (Year)

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

8. AGE: Years Months Days If less than one day
78 **3** **17** _____ hr. _____ min.

Coronary Occlusion
Arteriosclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace **O' Fallon / Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business **At home**
12. Name **Dr. A K Hartman**
13. Birthplace **4 Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mar g a r e t A l t h a u s**
15. Birthplace **1 Illinois**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
Physician
Underline the cause to which death should be charged statistically.

16. (a) Informant **Dr. A F Hartman**
(b) Address **7433 Teasdale**
17. (a) **Burial** (b) Date thereof **July 21 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old St. Marcus Cemetery**
18. (a) Signature of funeral director **A M M Laughlin**
(b) Address **2301 Lafayette**
19. (a) **JUL 21 1942** (b) **J F Brudick**
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, filling 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) (e) Means of injury _____
While at work _____
23. Signature **Thomas F Callender** (M. D. or other) _____
Address **Deputy Coroner** Date signed **7/21/42**

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

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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

R. A. Cooper

Licensed Embalmer No.

3653

P. O. Address

2317 Lafayette

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.