

No. 2
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5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

22967
State File No. 6202
Registrar's No.

FILED AUG 6 1942
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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:
2212 Victor St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 Years in St. Louis
years, months or days

3. (a) PRINT FULL NAME MARY MONTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, 2 divorced, Widow

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

7. Birth date of deceased July 11th 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 9 hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name John Meyer

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

14. Maiden name Marie Mahler

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY MONTON

(b) Address 2212 Victor St.

17. (a) Burial (b) Date thereof July 23, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OUR S. PETER'S PARV. CEM.

18. (a) Signature of funeral director John P. Bredeck

(b) Address 2906 Gravois Ave.
JUL 22 1942 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2212 Victor St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th
year 1942 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 13
1942, to July 20, 1942.
that I last saw her alive on July 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis 5 months

Due to Old age, Chronic Arteriosclerotic nephritis

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) _____ (a) Means of injury _____

23. Signature Albert P. Bonn (M. D. or other) _____
Address 1841 1/2 St. Date signed 7/21/42

(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.....

Thomas Curtis

Licensed Embalmer No. *1619*

P. O. Address *2906 Grosvenor*

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.