

Registration District No. 184

Primary Registration District No. 20

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Lolay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mt. St. Rose Sanitarium
(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)

3. (a) PRINT FULL NAME Margaret Tester

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 C. Robert Tester 6. (c) Age of husband or wife if alive...? _____ years

7. Birth date of deceased September 9th, 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 11 26 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John G. Knan
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Theresa Broeker
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant C. Robert Tester
(b) Address 5888 Highland Ave

17. (a) Burial (b) Date thereof 9/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) SEP - 6 1942 (b) R. S. M. Sanatog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5888 Highland Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th,
year 1942 hour 1 minute 4 M.

21. I hereby certify that I attended the deceased from _____, 1934 to Sept 5, 1942
that I last saw him alive on Sept 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Fur leg. bilateral 83in
Pulm TB
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Pharyngitis
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. J. Ambruster (M. D. or other)
Address University Club Bldg Date signed Sept 5-42

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

96
0
0

NOV 5 1942

NOV 4 1942

OCT 5 1944

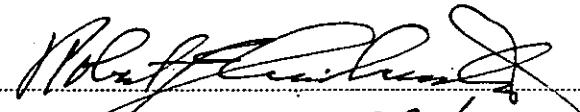
JUN 21 1944

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..... 

Licensed Embalmer No. 1994

P. O. Address Clayton 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.