

S. No. 2  
M-5-42  
7. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32001

State File No. ....

FILED NOV 6 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9031

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:  
CARRIE ELLISON GIETNER HOME, 4  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
12 1/2

(c) City or town ST. LOUIS 9 1/2  
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Belrose Pl.  
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARY HAENNY

3. (b) If veteran, name war. NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1942 hour 10 52 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 19, 1942, to Oct. 28, 1942  
that I last saw her alive on Oct. 28, 1942  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased..... FEBRUARY 2 1859  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 10 days

Due to Arterio Sclerosis

Due to.....

Other conditions (include pregnancy within 3 months of death) 8 1/2

Major findings: Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 83 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation NIL

11. Industry or business.....

12. Name CHRISTNER

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

14. Maiden name.....

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

16. (a) Informant Mrs. Rose Detrick

(b) Address.....

17. (a) BURIAL (b) Date thereof Oct 31 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND, ILL.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av

19. (a) OCT 29 1942 (b) E. J. Schmur  
(Date received local registrar) (Registrar's signature)

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 E. J. Schmur (M. D. registrar)  
Address 5000 S. Broadway Date signed 10/29/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Joseph B. Volkmann*

Licensed Embalmer No. *4014*

P. O. Address. *3125 Lafayette Ave*

**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.**