DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1942 3

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35841

Registrar's No. ~~9706~~ 001 87 16

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community since Nov. 11, 1935 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3520 Chippewa St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 6 years.

3. (a) PRINT FULL NAME Sister Mary Rosalia, (Eleonora Held)

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May 27, 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Linden, Amt Hanover, Germany (City, town, or county) (State or foreign country)

10. Usual occupation Domestic work

11. Industry or business

FATHER
12. Name Joseph Held
13. Birthplace Dont Know. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Theresa Cooke~~
15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sister M. Ludgera
(b) Address 3520 Chippewa Str., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem

18. (a) Signature of funeral director Gerken-Berg Mortuary
(b) Address 2842 Meramec St.

19. (a) NOV 23 1942 (Date received local registrar) J F Biedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21, year 1942 hour 6 A.M. minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov 19, 1942, to Nov 19, 1942; that I last saw he alive on Nov 30, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	3 days
Due to: Arteria - sclerosis	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: none

Of autopsy: none

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) none
(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

23. Signature H A Schneider (M. D. or other) MD
Address 3318 S Grand Date signed 11-21-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Signed Joe D. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. 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, above space should be left blank.