

FILED JAN 15 1943

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 2766

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution Five days.
(Specify whether years, months or days)

In this community Fifty Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 736 Catalpa Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Peter Marcrander

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie Blanche Marcrander 6. (c) Age of husband or wife if live 81 years

7. Birth date of deceased August 6 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired 12 years

11. Industry or business _____

12. Name Conrad Marcrander

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

14. Maiden name Jacobin Linn

15. Birthplace Alsace-Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant Miss JB Marcrander

(b) Address 736 Catalpa Ave.

17. (a) Burial (b) Date thereof Dec. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Webster Groves Mo.

(b) Address _____

19. (a) DEC 28 1942 (b) C. Y. McCarroll
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th., year 1942 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept., 1941, to Dec. 25, 1942

that I last saw him alive on Dec. 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia (Pulm) Duration 2 days

Due to _____

Due to _____

Other conditions Generalized Arteriosclerosis
(Includes pregnancy within 3 months of death)

Major findings: Myocardial Degeneration PHYSICIAN _____

Of operations _____

Of autopsy 108

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 S. J. Vallon (M. D. or other) _____

Address 15 N. Big Bend Rd. Date signed 1/2/43

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..... *G. W. Wilkins*
Licensed Embalmer No..... *3575*
P. O. Address.....

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.