

FILED JAN 19 1943 318

Registration District No. Primary Registration District No. 1003

Registrar's 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:
 3447 A California Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town 3447 A California Ave.
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Louis Mo.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME MARGERET WHITE
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 5 year 1943 hour 11 35 P.M. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed
 6. (b) Name of husband or wife William White 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased April 6 1877 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 19 42 to Jan 5 1943 that I last saw her alive on Jan 5 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 65 8 29 hr. min.

Immediate cause of death: Cerebral thrombosis 4 days

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

Due to: mental depression yes
 Due to: arterio sclerosis

10. Usual occupation At Home

Other conditions: (Include pregnancy within 3 months of death) 92

11. Industry or business Housewife

Major findings: Of operations

12. Name William Bauer

Of autopsy

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

14. Maiden name Josephine Pfeil

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

16. (a) Informant Myrtle Kolar

(b) Address 3447 A California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Beek Mo.

18. (a) Signature of funeral director J. F. Budack

(b) Address 2906 Graves Ave.
 19. (a) JAN 8 1943 (Date received local registrar) J. F. Budack (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?
 While at work? (Specify type of place) (e) Means of injury
 23. Signature M. S. Ryan (M. D. or other) M.D.
 Address 1803 Parkway Date signed 1-7-43

Duration 4 days
 PHYSICIAN Underline the cause to which death should be charged statistically.

