

FILED FEB 13 1943

Registration District No. **310**

Primary Registration District No. **69518**

Registrar's No. **1**

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Harvester, Mo.
 (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 St. Charles
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route #2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Theresa Martin
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 26
 year 1942 hour 4 minute 9 M.
 21. I hereby certify that I attended the deceased from March
1938 to Mar 26 1942
 that I last saw her alive on Mar 12 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 Widowed
 6. (b) Name of husband or wife Peter Martin
 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased December 23 1866
 (Month) (Day) (Year)

Immediate cause of death Uræmia
 Due to Chronic hyperkalemia
Chronic myocardial degeneration
 Due to arteriosclerosis
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 131 f
 Of operations _____
 Of autopsy _____

8. AGE: Years 76 Months 0 Days 3
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Stulleweg
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Aloysius Martin

(b) Address Harvester, Mo.

17. (a) Burial (b) Date thereof Dec 29 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation All Saints Cem., St. Peters, Mo.

18. (a) Signature of funeral director H. C. Dallmeier & Sons

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 12-28-42 (b) Clarence G. Wessler
 (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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Wm J. Schmitt (M. D. or other) MD
 Address St. Charles, Mo. Date signed Dec 28 42

Duration 3 days
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

92
0

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 *John E. Dallmeyer*.....

Licensed Embalmer No. *2951*.....

P. O. Address *St Charles, 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.