

FILED MAR 10 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4002 Meramec Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Unknown (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4002 Meramec Street
(If rural, give location)
(e) Citizen of foreign country? .. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Canova

3. (b) If veteran, name war. -- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank Canova 6. (c) Age of husband or wife if alive. 53 years

7. Birth date of deceased July 4, 1890 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 7 21 hr. min.

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

10. Usual occupation Home

11. Industry or business --

12. Name Frank Burkhardt

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

14. Maiden name Unknown

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

16. (a) Informant Frank Canova (b) Address 4002 Meramec St.

17. (a) Burial (b) Date thereof 2 27 43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New SS Peter & Paul Cem.

18. (a) Signature of funeral director Macken, Helderle, Ford, Co. (b) Address 3634 Gravois Avenue

19. (a) FEB 23 1943 J. F. Brucke (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1943 hour 3 minute 57 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to 2/25/43 and that death occurred on the date and hour stated above.

Immediate cause of death: Aneurysm of aorta 3 yrs non-syphilitic

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: none

Duration
3 yrs
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? Cem.

While at work (Specify type of place) (e) Means of injury

23. Signature: J. F. Brucke (M. D. or other) Address: 408 Humboldt St. Date signed: 2/25/43

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

MOTHER FATHER

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..... *Robert Wheeler*
Licensed Embalmer No. *2178*
P. O. Address..... *Shawms.*

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.