

D MAR 30 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2759**

1. PLACE OF DEATH:

(a) County ST LOUIS
 (b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: FARMIN DESLODGE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 YEARS
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Neuwirth

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 Sept 20 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation NURSE

11. Industry or business _____

12. Name JOSEPH NEUWIRTH

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

14. Maiden name Catherine

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

16. (a) Informant's own signature Mary Canova

(b) Address 5421 Rhode

17. (a) Burial (b) Date thereof Mar 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St Peter Paul

18. (a) Signature of funeral director Thordulic's & Co

(b) Address 2906 Grand Ave

19. (a) MAR 22 1943 (b) J. F. Brudeck
(Date received local file) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. Farmin Desloge Hospital
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
 year 1943 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from 2-10
 _____, 1937 to 3-21, 1943;
 that I last saw her alive on 3-21, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Anteroseptic Cardiovascular Disease
Coronary Occlusion
 Due to _____
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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? _____
 (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 G. O. Brown (M. D. or other) MD
 Address 1325 S. Grand Date signed 3/22/43

Duration Uncertain
1 day
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.

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 David Van Fossen

Licensed Embalmer No. 42,42

P. O. Address 2916 Murray

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.