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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2

Registrar's No. 707

FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 784 700

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

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1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
4838 Heidelberg, /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
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. 4838 Heidelberg  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME R Rosina Markl

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22  
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 16  
1942 to March 22 1943  
that I last saw her alive on March 22 1943  
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 \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 22, 1885  
(Month) (Day) (Year)

Immediate cause of death: Chronic Valvular Heart Disease 5 yr

Due to Chronic Parenchymatous Nephritis 1 yr

Due to Acute Cardiac Dilatation 17 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>1</u>	hr. _____ min.

9. Birthplace Not known Austria 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Not known

13. Birthplace Not known Austria 4  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Austria 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Hilda Street

(b) Address 4838 Heidelberg

17. (a) burial (b) Date thereof 3/26/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 3-26-43 (b) E. J. McSarnum  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 1316

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? \_\_\_\_\_

23. Signature Adam G. Geringman (M. D. or other) MD

Address 5239 Gravois Date signed 3/24/43

Duration

Physician

Underline the cause to which death should be charged statistically.

707

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**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.....

*B. P. Kidwell*

Licensed Embalmer No.....

*3877*

P. O. Address.....

*7027 Illinois*

**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.**