

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(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:
Irmin Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**

(c) City or town..... **Maplewood**
(If outside city or town limits, write "RURAL.")

(d) Street No. **7215 Southwest**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Hermos, Mary Alphonsus**

3. (b) If veteran, name war..... **no** 3. (c) Social Security No. **496-14-9821**

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 **December 2, 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	4	27 hr. min.

9. Birthplace **Albany, N. Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Richard Pizey**

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

14. Maiden name **Mary McGowan**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Jay B. Smith**

(b) Address **7456 Manchester**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **5-1-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Farmington, Mo.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester**

19. (a) **APR 30 1943** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29th**
year **1943** hour **9:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Mar. 9**
19**43** to **Mar. 29** 19**43**
that I last saw her alive on **Mar. 29** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Splenitis**
(organism not determined) Duration **5 days.**

Due to **9/2**

Due to.....

Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

Major findings: **Valvular Heart Disease**

Of operations.....

Of autopsy **Acute Splenitis**

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 **Frank Neek** (M. D. or other) **MD.**

Address **Fenton, Mo.** Date signed **4/30/43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. 4029

P. O. Address..... Maplewood

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.