

FILED APR 28 1943

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3694**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **24 days**
(Specify whether

In this community..... **54 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME..... **Marie Offerjost**

3. (b) If veteran, name war..... **No**

3. (c) Social Security..... **None**

4. Sex..... **Female** / **5. Color or race**..... **White**

6. (a) Single, widowed, married, **2 divorced** **Widowed**

6. (b) Name of husband or wife..... **August Offerjost, Sr.** **6. (c) Age of husband or wife if**..... **alive** years

7. Birth date of deceased..... **April 25, 1872**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| 70 | 11 | 24 | hr. min. |

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

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Mr. Warning**

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..... **Mr. August Offerjost, Jr.**

(b) Address..... **5764 Astra Ave.**

17. (a) Burial..... **(b) Date thereof**..... **Apr. 21, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Friedens Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Peutz Fun. Home**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) APR 20 1943 **(b) J. J. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** **(b) County**..... **000 12 79**

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

(d) Street No..... **5764 Astra Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **18,**
year..... **1943** hour..... **5:50** minute..... **P.** M.

21. I hereby certify that I attended the deceased from **March 22 1943** **to** **April 18 1943**
that I last saw her **ET** **alive on** **April 18 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Pulmonary Embolism** **1 hr**

Due to..... **Lobar Pneumonia** **6 Da**

Due to..... **108**

Other conditions..... **Coronary Thrombosis**

Major findings: **Of operations**

Of autopsy.....

Duration

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).....

(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**..... **3**

23. Signature..... **Ruth C. W. Egan** **(M. D. or other)** **M D**

Address..... **4356 Yarnes Av** **Date signed**..... **4/19/43**

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1-5

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.....

John A. Mluran....., Registered Apprentice No.....
working under my personal supervision.

Signed: *John A. Mluran*.....
Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis, 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.