

FD JUN 14 1943
Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 5141

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:
2833 Salena St.
(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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 3 24
(d) Street No. 2833 Salena St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mary Marler

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Marler 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased. Feb 9 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Marler
(b) Address 2833 Salena St.

17. (a) Burial (b) Date thereof 6-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculanum Mo.

18. (a) Signature of funeral director Witt Bro. & Co.

(b) Address 2929 S Jefferson Av.

19. (a) JUN 1 1943 (b) J. J. Branch
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 8 minute 15 p. M.

21. I hereby certify that I attended the deceased from May 21 - 1943
19 _____ to June 2 - 1943
that I last saw her alive on May 21 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation
Duration _____

Due to _____
Due to _____ 92

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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? 2833 Salena
(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 B. J. Russell (M. D. or other) _____
Address 516 Russell Bldg. Date signed 5/3/43

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

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *29295 Jefferson*

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.