

FILED JUN 14 1943 8

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5215

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:
5032 Fendler Place
(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 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5032 Fendler Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Bertha Mehringer

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 William Mehringer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 28th 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 7 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 home

MOTHER FATHER

12. Name Martin Hoffmann

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

14. Maiden name Unknown

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

16. (a) Informant William Mehringer

(b) Address 5032 Fendler Place

17. (a) Burial (b) Date thereof June 8 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Oak Grove Cem

18. (a) Signature of Director Joseph W. ...

(b) Address 6703 Gravois Ave

19. (a) JUN 7 1943 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1943 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 1941 to 6/5 that I last saw her alive on 6/5 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma metastasis 2 yrs.

Due to Carcinoma of breast 3 yrs.

Due to _____

Other conditions (Include pregnancy within 5 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 Ph. ... (M. D. or other) 442
Address 2508 S. ... Date signed 6/7/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Albert G. Hoyle*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.