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2-43
7-39
X35897

FILED JAN 20 1944 18

Primary Registration District No. 1003

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:
3118 Osceola Street,
(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)

3. (a) PRINT FULL NAME MARY JOHMANN

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

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Leopold, 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 21 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 12 hr. min.

9. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business.....

12. Name Constantine Henn,

13. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

14. Maiden name Rosina Silver,

15. Birthplace Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Leopold Johmann,

(b) Address 3118 Osceola St.,

17. (a) Burial, (b) Date thereof 1/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hobben - Perry Mortuary

(b) Address 2842 Hermece St.,

19. (a) JAN 6 1944 (Date received local registrar)
J. F. Budek (Registrar's signature)

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. 3118 Osceola Street,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 12/18/43 to 1/3/44
that I last saw her alive on 1-3/44
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia 3 days
megacarditis chronic

Due to.....
Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following: No

(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? Yes.

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature Philip Schuck (M. D. or other)
Address 1703 1/2 Grand Date signed 1-5-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Joe D. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

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.