S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

Registration District No. 3179

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4265

Primary Registration District No. 3026

Registrar's No. 70

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 375 S. Maple
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves (If outside city or town limits, write "RURAL")
(d) Street No. 375 S. Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marie (Mary) Edele

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 Widow

6. (b) Name of husband or wife Eugene

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

7. Birth date of deceased April (Month) 1 (Day) 1864 (Year)

8. AGE: Years 79 Months 9 Days 8 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Fred Reineke
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Edele
(b) Address 38 Grantwood Village, Affton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Hackey-Heldele Undertaking Co.
(b) Address 3634 Gravois Ave.

19. (a) JAN 12 1944 (Date received local registrar) (b) C. J. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1944 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-31 1943 to 1-9 1944 that I last saw h. cr. alive on 1-9 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Asthma.	3 days.
Due to Asthma and.	40 yrs
Chronic Myocarditis	1 yr
Due to	
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Eugene H. Edele (M. D. or other) M.D.
Address 3019 So. Jefferson Date signed 1-10-44

(Licensed Embalmer's Statement on Reverse Side)

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. 2645

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.