

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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FILED JAN 19 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Mattese
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rt. 8 Box 828
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. ----- (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Mattese
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 8 Box 828
(If rural, give location)

(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mary Idecker

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife August

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

7. Birth date of deceased March 19, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>9</u>	<u>17</u>	<u>-----</u> hr. <u>-----</u> min.

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

10. Usual occupation Housewife at home

11. Industry or business -----

12. Name Helmer Brandt

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

14. Maiden name Catherine BREUMER

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

16. (a) Informant Clara Idecker

(b) Address Rt. 8 Box 828, Mattese, Mo.

17. (a) Burial (b) Date thereof Jan. 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cem. Oakville

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) JAN 10 1944 (b) She Clavian, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 12 - minute ----- M.

21. I hereby certify that I attended the deceased from June 7, 1943 to Jan 5, 1944
that I last saw her alive on Jan 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to -----

Due to -----

Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations -----

Of autopsy 162

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 -----

23. Signature Waldott Will (M. D. or other) -----

Address Lemay R 9 Mo Date signed 1/7/44

Duration ?

PHYSICIAN -----

Underline the cause to which death should be charged statistically.

W. W. Will

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 Oliver E. Penick

Licensed Embalmer No. 4148

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.