

S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4388  
 Registrar's No. 186

FILED JAN 31 1944

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1216 Gregan 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 St. Louis  
 (c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1216 Gregan Place.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lillie Marten.  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 21st.  
 year 1944 hour 8 minute 25 p. M.  
 21. I hereby certify that I attended the deceased from Jan 14  
1944, to Jan 21, 1944  
 that I last saw her alive on Jan 21, 1944  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married.  
 6. (b) Name of husband or wife August Marten.  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased February 29, 1872.  
(Month) (Day) (Year)

Immediate cause of death acute myocardial infarction Duration 6 hrs  
 Due to Chr. Choleliths 2 yrs  
 Due to Cholelithiasis 2 yrs  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife.

11. Industry or business \_\_\_\_\_  
 12. Name Sebastian Schilling.  
 13. Birthplace ? Switzerland.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Theresa Will.  
 15. Birthplace ? Germany.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. August Marten.  
 (b) Address 1216 Gregan Place.  
 17. (a) Burial (b) Date thereof 1-24-1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New S.S. Peter-Paul.  
 18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.  
 (b) Address 5966-68 Easton Avenue.  
 19. (a) JAN 25 1944 (b) E. V. McHaven, M.D.  
(Date received local Registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_  
 Address 4957 Maryland Date signed 1/25/44

Dr. S.H.Pranger.  
4952 Maryland Ave  
1.30 to 5 P.M. 1944  
Rosedale 30627  
FEB 7

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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

*Ben Hoffman*

Licensed Embalmer No. *4366*

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.