

FILED APR 13 1944
 318

1003

Registration District No. _____ Primary Registration District No. _____

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

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: 4403A Virginia /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 70 Years
 years, months or days

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. 4403 A Virginia
 (If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Germany

3. (a) PRINT FULL NAME Martha Winge
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Wm.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov. 26 1854
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 4 7 hr. _____ min.

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

10. Usual occupation House Work
 11. Industry or business _____
 12. Name Franz Teichgraber
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Aloys J. Winge
 (b) Address 3700 Bamberger
 17. (a) burial (b) Date thereof 4-5-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park
 18. (a) Signature of funeral director W. Schumacher
 (b) Address 3013 Meramec
 19. (a) APR 4 1944 (b) J. J. Breda
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2
 year 1944 hour 3 minute _____ P. _____ M.
 21. I hereby certify that I attended the deceased from March 27th., 1944 to April 1st., 1944.
 that I last saw her alive on April 1st., 1944.
 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
 Duration 4 yrs
 Due to Serous Edema of the Lungs, result of Chronic Myocarditis, 24 hr.
 Due to Nephritis, 21/2yr

Other conditions (Include pregnancy within 3 months of death) 1/21
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Victor K. Wetzel (M. D. or other) D.C.
 Address 3407 S. Grand Blvd. Date signed 3/3/44

874

34107 A Grand
No 6161

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 Francis A Williamson

Licensed Embalmer No. 3565

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.