

FILED DEC 9 1944

1003

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 6738 Glades Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Assman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 30th
year 1944 hour 4:20 minute A. M.

4. Sex F. 5. Color or race M.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Otto Assmann. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 11, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/28/44
to Nov. 30th 1944
that I last saw her alive on Nov. 30th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 0 19 hr. _____ min.

Immediate cause of death: Pulmonary infarction as a result of thrombosis of pulmonary artery
Due to arteriosclerotic heart disease
Due to _____
Other conditions (include pregnancy within 3 months of death) 93

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

10. Usual occupation At Home.

11. Industry or business _____
12. Name Redmond McCabe.
13. Birthplace Ireland.
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Conlon.
15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

Major findings: none
Of operations as above
Of autopsy as above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Beatrice McCabe.
(b) Address # 15 So. Taylor Ave.
17. (a) Burial. (b) Date thereof 12-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

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 _____

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Wendell Blvd
19. (a) NOV 30 1944 (b) J. F. Budick
(Date signed) (Registrar's signature)

23. Signature M. Kara (M. D. or other) 11/30/44
Address 1515 Lafayette Date signed _____

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.