

FILED DEC 9 1944
378

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10277

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5828 West Park Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 Yrs /
years, months or days

3. (a) PRINT FULL NAME Una O Mertell

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles V 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug 11 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 3 18 hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

12. Name Witten Barnhart

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

14. Maiden name Sarah Pendleton

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

16. (a) Informant Charles V Mertell

(b) Address 5828 West Park Ave

17. (a) Burial (b) Date thereof 12 2 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lebanon Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) DEC 2 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5828 West Park Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1944 hour 1 AM minute _____ M.

21. I hereby certify that I attended the deceased from 5-4
1944 to 11-29 1944
that I last saw h. alive on 11-28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial, acute Duration 5 days.

Due to asthma, bronchial, allergic 18 months

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address 3118 N. [Address] Date signed 12/1/44

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

MOTHER, FATHER

Dr Igoe 3800 So Broadway

AN 7388

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.