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FILED JAN 31 1945 318

State File No. _____
Registrar's No. 782

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location) Hospital
(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 422 North 19th, st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Niederfeld

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles H. Niederfeld 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 11th, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 13 If less than one day
hr. min.

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

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER { 12. Name John W. Crow
13. Birthplace Shawneetown Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Martha Powell
15. Birthplace Puducan Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant H.W. Niederfeld

(b) Address 455 N. 9th, st. E. St. Louis

17. (a) Removal (b) Date thereof I-25-45 Ill.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director H.W. Niederfeld
(b) Address 455 N. 9th, st. E. St. Louis

19. (a) JAN 25 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24
year 45 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 1944 to Jan 24, 1945
that I last saw her alive on 1-24-45 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma heart Left. Duration 8 yrs
Due to 50
Due to _____
Other conditions Ca of fem metastatic 3 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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 J. F. Bredeck (M. D. or other) MD
Address 3115 1/2 Blvd Date signed 1/13/45

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ill

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.