

FILED MAY 14 1945

State File No.

855

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: St. Louis Training School  
(d) Length of stay: In hospital or institution 18 years, 29 days  
In this community 28 years, 5 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town \_\_\_\_\_  
(d) Street No. Bellefontaine x Hall Rd  
(e) Citizen of foreign country? Baden Sta. (Yes or No) Yes  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Martha Elizabeth Mizerny

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 1916  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>5</u>	<u>7</u>	<u>1 hr. 40 min.</u>

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Martha E. Mizerny

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

14. Maiden name Mizerny

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

16. (a) Informant Records of St. Louis Training School

(b) Address Bellefontaine x Hall Rd

17. (a) Burial (b) Date thereof 4 9 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabary

18. (a) Signature of funeral director W. E. Moydell

(b) Address 1926 Allen Ave

19. (a) APR 9 1945 (b) E. J. Gardner  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
year 1945 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 4, 1945 to April 8, 1945  
that I last saw her alive on April 8th, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia Duration 36 hrs

Due to Concomitant seizures - recently for 4 days  
Int. for 28 years

Due to Paresis - and atrophy

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 30%  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 Dorothy M. Ellernick (M. D. or other) \_\_\_\_\_  
Address St. Louis Training Sch. Date signed 4-8-45

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

MAY 16 1945

**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 *JM*.....

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

Signed *J. B. Moydall*.....

Licensed Embalmer No. *1467*.....

P. O. Address *1926 Allen Ave*.....

**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.**