V. S. No. 2
00M—5-43
Rev. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15726

FILED JUN 4 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4560

00 17 9

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1606 So. 13th. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 92-10-29

2. USUAL RESIDENCE OF DECEASED: 000 17 923

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1606 So. 13th. (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Witbrodt

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 02

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 9

6. (b) Name of husband or wife Hy.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 22 (Day) 1852 (Year)

8. AGE: Years 92 Months 10 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Fred Nortrup

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Mary Depelheuer

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Henry Witbrodt

(b) Address 1606 So. 13th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Church Yard

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec

19. (a) MAY 23 1945 (Date received local registrar) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1945 hour 2 minute 20 P M.

21. I hereby certify that I attended the deceased from October 5, 1942, to May 21, 1945, that I last saw her alive on May 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death General Cancerosis and Anemia with cardiovascular disease and

Due to Carcinoma of right breast. 3 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

50

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. F. Simon (M. D.)

Address 1115 Victor St. Louis 4 Date signed 5.22.45

(Licensed Embalmer's Statement on Reverse Side) Tel. Grand 0078

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 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.