S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34656

FILED NOV 10 1945

State File No.

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 2568

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

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 Marys Hospital Clayton
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MIssouri (b) County St Louis. 96

(c) City or town Berkley
(If outside city or town limits, write "RURAL")

(d) Street No. 12 Dowling Av Berkley City.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary A. Loeser

3. (b) If veteran, name war

3. (c) Social Security N 493 013936

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernard

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

7. Birth date of deceased June (Month) 25 (Day) 1909 (Year)

8. AGE: Years 36 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Rathouz
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant Bernard Loeser
(b) Address 12 Dowling Av Berkley City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter&Paul

18. (a) Signature of funeral director Wm C Mozdell
(b) Address 1926 Allen Av

19. (a) 11-9-45 (Date received local registrar) (b) E.G. McGarrow D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1945 hour 2 minute P M.

21. I hereby certify that I attended the deceased from July, 1935, to Oct 31, 1945 that I last saw her alive on Oct 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cardiovascular-Renal disease and Hypertension

Due to 1316

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Bernard W. Gewitz (M. D. or other) MD
Address 508 N. Grand Date signed 11/7/45

-67
10-45

709

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

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.