

**FILED** DEC 21 1945  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10661**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution St. Paul Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

In this community \_\_\_\_\_  
years, months or days

**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. 5601 St. Louis  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME:** Mary Catherine Hang

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

4. Sex Female race Wh

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

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

7. Birth date of deceased June 27 1945  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 7  
year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 27 1945 to Dec 7 1945  
that I last saw her alive on Dec 5 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Encephalocele  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<u>1</u>	<u>5</u>	<u>10</u>	hr _____ min _____

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

10. Usual occupation \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

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

12. Name Marvin Hang

13. Birthplace St. Marys Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Marie Reed

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

16. (a) Informant Marvin Hang

(b) Address 5601<sup>a</sup> St. Louis

17. (a) Burial (b) Date thereof 12-8-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galysa Cemetery

18. (a) Signature of funeral director Charles J. Stuart

(b) Address 1225 Union Blvd.

19. (a) DEC 8 1945 (b) J. T. Brudeck  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. F. Bergman (M. D. or other) M. D.

Address 3720 Washington Date signed 12/7/45

**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

*Not Embalmed*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Edward J. Straub*

Licensed Embalmer No. *3500*

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.**