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FILED JAN 11 1948

1003

Registration District No. _____ Primary Registration District No. _____

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. Louis City Hospital-Max C. Starkloff Memorial
(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 000

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

(d) Street No. 8307 Van Buren
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FLORENCE MARY MARES

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 December 25, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>2</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Alois Mares

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

14. Maiden name Florence Jöhler

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

16. (a) Informant Mr. Alois Mares

(b) Address 8307 Van Buren

17. (a) Burial (b) Date thereof 12/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD SS. Peter & Paul Southern Funeral Home

18. (a) Signature of funeral director _____

(b) Address 6322 S. Grand Blvd.

19. (a) DEC 21 1945 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1945 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from 12/26/45
19____ to 12/28/45 19____

that I last saw h. er alive on 12/28/45 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute hemolytic anemia -
Cause unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 172

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. F. Brueck 12/29/45
(Date signed)
Address 515 Lafayette

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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.