

S. No. 2
FORM-2-43
Rev. 5-17-39
K35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11276

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2980**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **ST. LOUIS MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EXROUTE TO CITY HOSP #13
(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 **MO** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **5427 GOETHE AVE** 9
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **MARY R. JERGER**
(b) If veteran, name war **NO**
(c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **28**
year **1946** hour **7** minute **37** A.M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

4. Sex **F**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **FRANK M.**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years **67** Months **7** Days **3**
If less than one day _____ hr. _____ min.

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **AT HOME**

MOTHER FATHER
12. Name **UNKNOWN SUNTAG**
13. Birthplace **GERMANY** 4
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **GERMANY** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN B. RVESCHOFF**
(b) Address **5897 CASTON AVE**

17. (a) **REMOVAL** (b) Date thereof **3:30 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **JASPER I.N.D.**

18. (a) Signature of funeral director **KRIEGSHAUSER**
(b) Address **4228 SO. KINGS HIGHWAY**

19. (a) **MAR 29 1946** (b) _____
(Date received local registrar) (Registrar's signature)

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 **2**
23. Signature **Patricia E. Taylor** (M.D. or other) _____
Address **Deputy Coroner** Date signed **28-46**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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..... *Edwin A. McDermott*

Licensed Embalmer No..... *3024*

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.