S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24801

State File No. 2

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1414

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:
7510 St. Elmo
(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

(c) City or town 7510 St. Elmo MAPLEWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

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

If yes, name country .....

**3. (a) PRINT FULL NAME** Mary Singer

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Alois N. Singer 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased February 6, 1865
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 81 | 4 | 26 | ..... hr. ..... min. |

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

10. Usual occupation house work

11. Industry or business at home

FATHER
12. Name Anton Koch
13. Birthplace ..... (City, town, or county) Europe (State or foreign country)

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

16. (a) Informant Nick Singer
(b) Address St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olive

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) 7-6-46 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JULY day 2nd year 1946 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from June 2nd, 1944, to July 2, 1946 that I last saw her alive on July 2nd, 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic myocarditis | 3 yrs |
| Due to 93. | |
| Due to | |
| Other conditions Senility (Include pregnancy within 3 months of death) | |

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 P. M. Brossard (M. D. or other)
Address 3500 Cambridge Maplewood Date signed 7-3-46

(Licensed Embalmer's Statement on Reverse Side)

## 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 Olivey E. Fendler

Licensed Embalmer No. 4148

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.**