

S. No. 2
DM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38605
State File No. _____
Registrar's No. **9523**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Marian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 Days
(Specify whether _____)

In this community _____
years, months or days)
3. (a) PRINT FULL NAME Alice Formayer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F **5. Color or race** W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Formayer
6. (c) Age of husband or wife if 38 years
7. Birth date of deceased Aug 22 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 2 1/2 hr. _____ min. _____
If less than one day

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Dry Plate Work Kramer D.P.

11. Industry or business _____
12. Name Fred H. Gibson
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ida Krueger
15. Birthplace Evansville Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Gibson
(b) Address 3929 Gravois
17. (a) Burial Friedens Cemetery
(Burial, cremation, or removal) (b) Date thereof Nov 9 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec st.

19. (a) NOV 7 1946 (Date received local registrar)
(b) J. F. Bredeck (Registrar's signature)

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") 1177
(d) Street No. 1732a Vandeventer, South
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 6
year 1946 hour 8 minute 15 AM.
21. I hereby certify that I attended the deceased from 3-6-46 19____ to 11-6-46 19____;
that I last saw her alive on 11-6-46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast
Duration 7 mon
Due to _____
Due to _____
Other conditions pregnancy-delivered 8-18-46
(Include pregnancy within 3 months of death)

Major findings: 11-1-46 Post Defecatory
Of operations: ovary ext, uterus, carcinoma of the breast
Of autopsy: none
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? _____

23. Signature John D. Serti (M. D. or other) M.D.
Address 2840 California **Date signed** 11-7-46
John D. Serti M.D.

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..... *Francis Williamson*

Licensed Embalmer No. *3565*

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.