S. No. 2
1—12-45
. 5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10729

FILED MAR 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3050

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4721 Tennessee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 85-5-21

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 15 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4721 Tennessee 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Mathilda Debrodt

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 Widow

6. (b) Name of husband or wife John H

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 29 (Day) 1861 (Year)

8. AGE: Years 85 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name George Young
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Brandt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Edna Kolkhorst
(b) Address 4721 Tennessee

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk

18. (a) Signature of funeral director Schumacher Und. Co.
(b) Address 3013 Meramec

19. (a) MAR 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 20th. year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 3/2/47, 19..., to 3/19/47, 19...; that I last saw her alive on 3/19/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (hypostatic) — Duration 2 da

Due to Cerebral hemorrhage — 3/2/47

Due to

Other conditions — (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 (M. D. or other) M.D.

Address 5417 S. Grand Blvd. Date signed 3/21/47

(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 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.