S. No. 2
M—5-43
v. 5-17-39
o I X36671

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. 10948

Registration District No. FILED MAR 31 1948

Primary Registration District No. 1003

Registrar's No. 2887

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:
4061 Schiller Pl.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

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

(d) Street No. 4061 Schiller Pl. 17
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 9 No

If yes, name country

3. (a) PRINT FULL NAME Theresa Harstick

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 Conrad

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

7. Birth date of deceased Feb. (Month) 23 (Day) 1866 (Year)

8. AGE: Years 81 Months -0- Days 23 If less than one day hr. min.

9. Birthplace O'fallon Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Clyde Hawkins
(b) Address 4061 Schiller Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) MAR 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16th year 1947 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 3, 1947, to March 16, 1947 that I last saw her alive on March 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pulmonary Edema	—
Due to Auricular fibrillation	2 wks.
Due to Chronic myocarditis	1 yr.
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 Hugh R. Smith (M. D. or other) MD
Address Univ. Club Bldg. Date signed 3/17/47

(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 me, Registered Apprentice No. , working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St. 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.