

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11265

FILED APR 8 1947 318

State File No. 11260  
Registrar's No. 11260

Registration District No. Primary Registration District No. 1003

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

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:  
4259 West Pine  
(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

3. (a) PRINT FULL NAME Emma Mazera

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 Married

6. (b) Name of husband or wife Joseph Mazera 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 5, 1880  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>X</u>	<u>17</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Linke

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Philibert

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Mazera

(b) Address 4259 West Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/47  
(Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 1234 Manchester

19. (a) MAR 25 1947 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town 4259 West Pine, St. Louis, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 4259 West Pine  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1947 hour 10.15 A. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 3/10/47  
to 3/22/47

that I last saw her alive on 3/21/47  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 1 hr.

Due to phlebotrombosis, left leg Duration 3 mos.

Due to Unknown

Other conditions Cerebral Vas. Accident  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature William H. Knight Jr. (M. D. or other) \_\_\_\_\_

Address Missouri Health Bldg Date signed 3/24/47

(Licensed Embalmer's Statement on Reverse Side)

JE 1870

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**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..... *Florny Egnick*

Licensed Embalmer No. 1284.....

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.