

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15586**

FILED APR 25 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3959**

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:
1111 N. Park Pl
(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..... **Mary Roe**

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 **Widow**

6. (b) Name of husband or wife..... **Late Edward Roe**

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

7. Birth date of deceased..... **October 5 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 **6** **9** 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..... **Adolph Mentz**

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

14. Maiden name..... **Catherine Winkelmann**

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

16. (a) Informant..... **Mrs Helen Sharp**

(b) Address..... **3834 Lawler Dr**

17. (a) **burial** (b) Date thereof **Apr 17 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Grove Cemetery**

18. (a) Signature of funeral director..... **Calvin F Fautz**

(b) Address..... **4828 Nat Bridge Blvd**

19. (a) **APR 16 1947** (b) **J. F. Brunek**
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **26⁰⁰⁰ 17**

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

(d) Street No..... **1111 N. Park Pl**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1947** hour **9**, minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 20**, 19**46** to **April 14**, 19**47**
that I last saw her alive on **April 8**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral Disease**
Duration **4 mo.**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
Means of injury.....

23. Signature..... **H. H. Feller** (M. D. or other) **M.D.**

Address..... **2807 N. Grand** Date signed **4-15-47**

Duration
4 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1-11
6-20-88
8-00-9

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 John A. Mlinar
Licensed Embalmer No. 4186
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.