

No. 2  
-12-45  
-17-39  
X47970

DEPARTMENT OF COMMERCE -  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **18834**  
**5018**  
Registrar's No. \_\_\_\_\_

FILED MAY 29 1947  
978

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Luthern Hosp/2646 Potomac  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 23 2500S. 18th St  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaretha Fox  
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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 5th day 17th year 1947 hour 7:30 minute A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

7. Birth date of deceased March 23 1866  
(Month) (Day) (Year)  
8. AGE: 81 Years 1 Months 24 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Fracture of femur  
Due to Apparently a superimposed apoplexy terminally  
Due to Apparently a superimposed Apoplexy  
Other conditions terminally  
(Include pregnancy within 3 months of death)

9. Birthplace Germany  
10. Usual occupation House Wife  
11. Industry or business \_\_\_\_\_  
12. Name John Hacker  
13. Birthplace Germany  
14. Maiden name Not Known  
15. Birthplace \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lawrence Fox  
(b) Address 5736 West Park  
17. (a) Burial (b) Date thereof 5-30-47  
(c) Place: burial or cremation S. S/Peter & Paul Cem.  
18. (a) Signature of funeral director Wingharmuehle Funeral Home  
(b) Address 3819 S Grand Blvd  
19. (a) MAY 19 1947 (b) J. T. Predeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accidental, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 4/27/47  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury gone table  
23. Signature R. B. Berry (M. D. or other) \_\_\_\_\_  
Address 2253 Helman Date signed 5/19/47

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**