S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

22069

State File No.

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

**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: Park Lane Mem. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 4412a W. Papin Street 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Marie V. Bloss

3. (b) If veteran, name war ----- 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Frank C. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 16th, (Day) 1890 (Year)

8. AGE: Years 56 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Terre Houtte (City, town, or county) Ind. (State or foreign country)

10. Usual occupation home

11. Industry or business

FATHER
12. Name Phillip Croissant
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Sonn
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Eleanore Hook
(b) Address 5242 Cabanne, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 30, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Helderle U & L. Co
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUL 1 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 28th year 1947 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to June 28, 1947 that I last saw her alive on June 28, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Embolus and multiple renal emboli | 4 days |
| Due to Dysentery cause unknown with Fever with Bacteremia | 1 year 4 days |
| Due to Fracture Intertrochanteric Right femur at hip | 4 days |
| Other conditions (Include pregnancy within 3 months of death) malnutrition | |

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident fell from chair at home

(b) Date of occurrence June 24, 1947 at 400 PM

(c) Where did injury occur? 4812a W. Papin St (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell from chair at her home (Specify type of place)

While at work? No (e) Means of injury fall

23. Signature Henry E Rosenberg (M. D. or other) MD

Address 1467 N. Union Date signed June 28, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

9289

## 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 Robert Wheeler

Licensed Embalmer No. 2178

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.