S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

Registration District No. 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 40552

Registrar's No. 2384

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None—Maple Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Pond 0
(If outside city or town limits, write "RURAL")
(d) Street No. Maple Avenue 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Rosie St. Onge

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Joseph St. Onge

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

7. Birth date of deceased May 28, 1875 (Month) (Day) (Year)

8. AGE: Years 72 | Months 5 | Days 20 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER

12. Name Xavier Bernard

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Rieger

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Kessels
(b) Address Glencoe, Mo. RR # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem., Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) 11-20-47 (Date received local registrar) (b) Beula Ellis MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1947 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 6 1946 to Nov 18 1947 that I last saw her alive on Nov 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Arteriosclerosis

Due to Hypertension
Hyp. Stata pneumonia

Due to 8 3 0

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)
(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 Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed Nov. 18 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 15 1987

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 Richard Bopp, Registered Apprentice No. 23, working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baldwin, 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.