

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hours
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Degenhart
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 William Degenhart
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov. 24th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 16 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name Alex C. Bonner
13. Birthplace Baltimore, Md.
14. Maiden name Mary Scanlin
15. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant William Degenhart (Husband)
(b) Address 4905 Maffitt Ave.

17. (a) Burial (b) Date thereof 1/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mark Tison
(b) Address 6100 W. Florissant Ave.

19. (a) JAN 12 1948 (b) J. F. Rudeas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4905 Maffitt Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Jan. day 11th year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 8th to Jan 10th 1948 that I last saw him alive on Jan 10th 1948 and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Cerebral Embolism 1 day
Mural thrombus (heart)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
Means of injury _____
23. Signature J. F. Rudeas (M. D. or other) _____
Address St. Louis Mo Date signed 1/12/48

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

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.....

Mark Tremor

Licensed Embalmer No.....

4174

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.