

No. 2  
-1/47  
5-17-39

FILED MAR 4 1948

318

Primary Registration District No.

1003

Registrar's No.

1756

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1821 S. 9th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aad  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1821 S. 9th St. 9  
23 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Mary H. Kling

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 John 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Dec. 6 1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 12 If less than one day

9. Birthplace Collinsville Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Mathias Schroff

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

14. Maiden name Unknown Unknown

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

16. (a) Informant John Kling (b) Address 1821 S. 9th St.

17. (a) Burial (b) Date thereof 2/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Mark H. Deliberle (b) Address 3634 Gravois Ave.

19. (a) FEB 20 1948 (b) J. F. Bralash (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1948 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from 1946 - 1948 that I last saw her alive on 18 Feb 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral vascular accident old - Generalized arterio sclerosis (old) Cardiovascular disease (old)

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: None Of operations

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)  
(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)

23. Signature: Edward Jordan M.D. Address: 1504 So. Wood Date signed: 20 Feb 48

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

MOTHER FATHER

*8*

**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 C. Wheeler*

Licensed Embalmer No. *2128*

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.