

No. 2
1/47
17-39

FILED MAR 25 1948

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2600

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2805¹/₂ Caroline
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 90 years (Specify whether
In this community 90 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 100

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

(d) Street No. 2805¹/₂ Caroline 9
22 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary F. Wamser

3. (b) If veteran, name war no

3. (c) Social Security No. no

20. DATE OF DEATH: Feb 15 1948
Month Feb Year 1948
hour 5 am minute 00

21. I hereby certify that I attended the death from Feb 15 1948 to Mar 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 4 years
Duration

4. Female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Fred

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

7. Birth date of deceased Jan. 19, 1858
(Month) (Day) (Year)

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

90 1 22 hr. 0 min.

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

10. Usual occupation housewife

11. Industry or business self

12. Name Michael J. Bailey

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

14. Maiden name don't know

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

16. (a) Informant Mr. Fred Wamser

(b) Address 2805¹/₂ Caroline

17. (a) Burial (b) Date thereof 3/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. A. Howard

(b) Address 1619 So. Grand

19. (a) 1948 9 4 1000 (b) J. F. Bricker
(Date received local registrar's certificate) (Registrar's signature)

Due to 92

Due to Arterio Sclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Arterio Sclerosis

Of operation

Of autops:

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)
(e) Means of injury ✓

23. Signature J. P. Lebeau (M. D. or other) 3/12/48
Address 1637 So. Grand Date signed

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

2600

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 *Sustar W. Dietrich*

Licensed Embalmer No. 4329

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.