

FILED APR 23 1948 318

1003

Registrar's No. 3494

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(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:
3720 Lincoln ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community.....
years, months or days

3. (a) PRINT FULL NAME AMELIA MOMBERT.

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Auguste Mombert 6. (c) Age of husband or wife if alive Dec 'd years

7. Birth date of deceased Jan 5, 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	3	4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Nicolas Guerin

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

14. Maiden name Josephina Taron.

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

16. (a) Informant Mrs. Amelia Crozier.

(b) Address 3720 Lincoln ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-12-48
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Sullivan: Bro's

(b) Address 2849 N. Euclid ave

19. (a) APR 12 1948 (Date received local registrar)

(b) J. J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 11 3729 Lincoln ave.
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1948 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 31 1948 to April 9 1948 that I last saw him alive on April 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 9 days

Due to Cardiovascular disease

Myocardial Regeneration 29 years

Due to Arteriosclerosis

Other conditions? (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?..... Means of injury.....

23. Signature Louis N. Tremm (M. D. or other) Dr. M.D.

Address 1303 N. Kings Highway Date signed April 19-48

000
17
9
D

MOTHER FATHER

WRITE PLAINLY—USING 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 Robert L. Brunkman
Licensed Embalmer No. 2553

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.