

FILED MAY 20 1948

Registration District No. 318

Primary Registration District No. 1003

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

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:  
St. Louis City Hospital-Max C. Starkloff  
(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)

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. 5464 Nottingham  
Memorial  
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CORDELIA IMAGERS

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

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th  
year 1948 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from 5/2/48  
\_\_\_\_\_, 19\_\_\_\_, to May 9th, 1948  
that I last saw h. 1m alive on May 9th  
and that death occurred on the date and hour stated above.

4. Sex Female<sup>3</sup> 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Sept. 29 1877  
(Month) (Day) (Year)

Immediate cause of death Generalized carcinomatous secondary to carcinoma of right breast  
Duration \_\_\_\_\_

8. AGE: Years 70 Months 7 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pathological fracture surgical neck right humerus  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Secretary

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business Nat. Grain & Feed Dealer

12. Name Henry Magers

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

14. Maiden name Henrietta Rangl

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

16. (a) Informant Elizabeth Magers

(b) Address 5464 Nottingham

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? \_\_\_\_\_

17. (a) Cremation (b) Date thereof 5/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wacker-Jeldner  
3634 Gravois Ave.

(b) Address \_\_\_\_\_

19. (a) May 12 1948 (b) J. F. Brunck  
(Date received local report) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature David Whitt O'Reilly (M, D, or other) M.D.  
1515 Lafayette 5/11/48  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

---

---

**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.....

*Frank J. Phelan*

Licensed Embalmer No.....

*2675*

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.**