No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17868 4544

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: Firmin Desloge Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oak

(c) City or town ST LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 121 W STEIN 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Annie Mulach

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED 9

6. (b) Name of husband or wife

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

7. Birth date of deceased NOV. (Month) 19 (Day) 1876 (Year)

8. AGE: 71 Years Months 5 Days 25 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name PETER KURTZ
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

MOTHER
14. Maiden name SEDONIA STAUDER
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant ADELE GRASS

(b) Address 3621 TENNESSEE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 17-48 (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE

18. (a) Signature of funeral director Joe P. Fendler Jr

(b) Address 7128 MICHIGAN AVE

19. (a) MAY 15 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 48 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/20/48, 19__, to 5/14/48, 19__; that I last saw her alive on 5/13/48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	8 days
Due to auricular fibrillation, Mural Thrombus	
Due to	
Other conditions: Arteriosclerosis, general (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dallas J. Dyer (M. D. or other)

Address 4323 Bates Date signed 5/15/48

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Kochou

Licensed Embalmer No. 3093

P.O. Address 7128 Michigan

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.