

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

State File No. **27997**
7138
Registrar's No.

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: **St. Anthonys Hospital**
(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 **000**
(c) City or town **St. Louis**
2357a Menard St.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) **23** Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Veronica Maerli**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **12**
year **1948** hour **10** minute **48** P.M.
21. I hereby certify that I attended the deceased from **Aug 2**
19 48 to **Aug 12** 19 **48**
that I last saw her alive on **Aug 12** 19 **48**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Andrew Maerli**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **February 21, 1888**
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocarditis**
Due to **Auricular Fibrillation**
Due to **9:30**
Other conditions (include pregnancy within 3 months of death) **9:30**
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years **66** Months **5** Days **21**
If less than one day hr. _____ min. _____
9. Birthplace **Hungary**
(City, town, or county) (State or foreign country)
10. Usual occupation **at home**

11. Industry or business _____
12. Name **Stephen Englert**
13. Birthplace **Hungary**
(City, town, or county) (State or foreign country)
14. Maiden name **Barbara Bergman**
15. Birthplace **Hungary**
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **Mr. Andrew Maerli**
(b) Address **2357a Menard St.**
17. (a) **Burial** (b) Date thereof **8-16-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Resurrection Cemetery**
18. (a) Signature of funeral director **Weick Bro, Und. Co.**
(b) Address **2201 S. Grand Bl.**
19. (a) **AUG 14 1948** (b) **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

23. Signature **Chas. D. Metz** (M. D. or other) **Aug 13 1948**
Address **3106 South Grand** Date signed **Aug 13 1948**

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

MOTHER FATHER

Dr. M. J. J. J. J.
3102 J. J. J.

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 James R. Duma
- Licensed Embalmer No. 4527
P. O. Address. 2201 J. J. J.

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.