RECD JAN 11 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

41124
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 10816

**1. PLACE OF DEATH**

(a) County 2
(b) Township 1
(c) City St. Louis (d) Street No. 5207 Murdock Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 621 Mary A. Wrisberg

(a) Residence, No. 5207 Murdock Ave. St. 14
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert F. Wrisberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1887

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 51 | 1 | 28 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 5

**FATHER**

13. NAME Jeremiah Shaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 6

**MOTHER**

15. MAIDEN NAME Diana Unknown 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Albert F. Wrisberg
(ADDRESS) 5207 Murdock Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE 12-17, 1938

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary
(ADDRESS) 4228 So. Kingshighway

20. FILED DEC 16 1938 J. F. Bredick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1938 to Dec. 14, 1938
I last saw h. alive on December 13, 1938. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Thrombosis | 3 days |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Myocarditis | Long |

Name of operation Date of
What test confirmed diagnosis? Phys. Exp. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) DeLon Emerson, M. D.
(Address) 508 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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, above space should be left blank.**