

REC'D APR 12 1939

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

8341  
Do not use this space.

791  
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City, St. Louis (d) Street No. 1007 S. 6<sup>th</sup> Registered No. 2106  
(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

45-2 Mary Almus  
(a) Residence, No. 1007 S. 6<sup>th</sup> St. 22 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Almus  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 1846  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 5 17

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) Germany

FATHER 13. NAME Unknown Jaegel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joseph Almus 1007 S. 6<sup>th</sup> St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter Paul DATE 3-7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walt Bro. Luth. 2929 S. Jefferson Av.

20. FILED MAR 5 1939 J. B. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/28, 1939, to 3/4, 1939  
I last saw h. sc. alive on 2/28, 1939. Death is said to have occurred on the date stated above, at 3:30 m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis

Other contributory causes of importance: Demilit  
Name of operation none Date of none  
What test confirmed diagnosis? Physical Exam Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none, 1939  
Where did injury occur? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify none  
(Signed) J. B. Bredek, M. D.  
(Address) 2007 So Broadway

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, .....

*Paul A. Shankhu*

, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

*Paul A. Shankhu*

Licensed Embalmer No. *3472*

P. O. Address *299 S. Jefferson*

**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.**