

REC'D AUG 7 1939  
Registration District No. 291

Primary Registration District No.

Registrar's No.

6118

## 1. PLACE OF DEATH:

(a) County **1003**  
 (b) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3952 McDonald**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days)  
 In this community **36 years**

3. (a) PRINT FULL NAME **Mathilda Fogler 246**8. (b) If veteran, name war **no.** 8. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **widowed**  
 6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased **March 14, 1878**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61 3 26**  
 hr. \_\_\_\_\_ min.

9. Birthplace **Austria, Hungary**  
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Kubinka**13. Birthplace **Austria, Hungary**  
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Joseph Fogler Jr.**(b) Address **3952 McDonald Ave**17. (a) **burial** (b) Date thereof **7/13/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **SS. Peter & Paul Cem.**18. (a) Signature of funeral director **Oscar J. Hoffmeister**(b) Address **4016 Chippewa St.**19. (a) **JUL 11 1939**  
(Date received local registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis** **16**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **3952 McDonald**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **36** years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**  
year **1939** hour **12** minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from **15 years**  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;that I last saw her alive on **July 10, 1939**  
and that death occurred on the \_\_\_\_\_ and hour stated above.Immediate cause of death **Chronic Epilepsy** Duration **20**  
**chronic**Due to **Cerebral Hemorrhage 1540**  
**Non Malignant**

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

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy **none**

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

## 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 **1**23. Signature **Oscar J. Hoffmeister** (M. D. or other)Address **2844 W. 10th St.** Date signed **7-11-39**

**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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address 3528 Russell Pk

**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.**