

Registration District No. 791Primary Registration District No. 1003

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:
Home for the Aged 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 months
 (Specify whether

In this community
years, months or days3. (a) PRINT FULL NAME MARY FUERST

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife Anton 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased May 21 1847
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
92 8 24 hr. _____ min.9. Birthplace Bohemia 7
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name Mathias Haliday13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)14. Maiden name Don't Know15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Catherine Rachoza(b) Address 5214 Schollmeyer17. (a) Burial (b) Date thereof Feb. 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter & Paul Cemetery18. (a) Signature of funeral director A. H. Hubben Liv & Und. Co(b) Address 2842 Meramec St.19. (a) FEB 15 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5214 Schollmeyer
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 80 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1940 hour 1 minute 15 P. M.21. I hereby certify that I attended the deceased from 12 to 14
Feb to Feb 14, 1940
that I last saw him alive on Feb 13, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac - Sclerosis Duration 29yr
Cerebral Sclerosis 19yr
Due to Arterio - Sclerosis 39yrDue to Polypoid Pectus 19yr
Other conditions (Include pregnancy within 3 months of death) _____Major findings: Of operations _____
Of autopsy _____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) (a) Means of injury _____
23. Signature [Signature] (M. D. or other) 1/40
Address [Address] Date signed 2/15

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.....

Robert F. Gebken

Registered Apprentice No. **187**

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. **2120**

2842 Meramec St.

P. O. Address **St. Louis, Mo.**

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.