No. 2
11-10-39
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20078

Registration District No. 791 FILED JUL 17 1940

Primary Registration District No. 1003

Registrar's No. 5026

**1. PLACE OF DEATH:**

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1 (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

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 321 Russell Ave 23 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Nahrstedt 623

3. (b) If veteran, name war no

3. (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 William

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 (Month) 4 (Day) 1866 (Year)

8. AGE: Years 73 Months 8 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation Housework 6

11. Industry or business

FATHER
12. Name John E Ising 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christina Lassauer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Anna Schneider

(b) Address 716 Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/1940 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Comm

18. (a) Signature of funeral director Weick Bros.

(b) Address 412 Duchouquette St

19. (a) JUN 8 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 7 year 1940 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1935, 19, to June 6, 1940; that I last saw her alive on June 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage progressive Cardio Vascular Renal Dis associated with Arterio sclerosis and Hypertension

Due to

Due to

Other conditions Cardiac Hypertrophy & Senility (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 1 day 5 yrs

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J E Ernest (M. D. or other) MD

Address 2202 So Broadway Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**