

S. No. 2
-11-10-39
5-17-39
X21492

FILED 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22824

State File No. _____

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 1136

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 315 S. First St
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Wirsing 625

8. (b) If veteran, name war no

3. (c) Social Security No. NS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1940 hour 11 minute 30 P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. E. Wirsing

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

7. Birth date of deceased March (Month) 2 (Day) 1870 (Year)

21. I hereby certify that I attended the deceased from April 9 to June 13, 1940 that I last saw her alive on June 11, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 3 Days 11 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of Rectum with metastasis

Due to _____

9. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Nurse

Due to _____

Other conditions 4612 (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Joyce Bone

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

14. Maiden name Bessie Hoffman

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

Major findings: Carcinoma of Rectum

Of operations _____

Of autopsy _____

16. (a) Informant Edward O. Wirsing

(b) Address 4944 Delon ave St. Louis Mo

17. (a) Belleville (b) Date thereof June 17, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Jos. L. Bone

(b) Address Belleville Mo

19. (a) JUN 14 1940 (Date received local registrar)

(b) [Signature] (Registrar's signature)

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? _____

23. Signature [Signature] (Specify type of place) _____ (a) Means of injury _____

Address 1703 So Grand Date signed 6-14-40

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

664

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address St. Louis, Ill.

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.