

NOV FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 1809 Hickory St.
(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

3. (a) PRINT FULL NAME MARGARET STURMA

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mike

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 17, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER, FATHER { 12. Name Charles McCarthy

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

14. Maiden name Mary Byrne

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

16. (a) Informant Michael Sturma

(b) Address 1809 Hickory St.

17. (a) Burial (b) Date thereof Jan. 18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. E. Maxwell

(b) Address 1926 Allen Ave. 5414

19. (a) JAN 17 1941 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1722
(If outside city or town limits, write "RURAL")

(d) Street No. 1809 Hickory St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec. 20 - 1940
_____, 19____, to Jan 15 - 1941
that I last saw her alive on Jan 13 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to Chronic Myocarditis

Due to Nephritis

Other conditions Lobar Pneumonia
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations 108

Of autopsy _____

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) _____

(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 G. J. Keppel (M. D. or other) _____

Address 905 Morrison Date signed _____

200 Memorial 506

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 Mr. E. Snaydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave

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, fact should be so stated above.