

FEB 25 1941
Registration District No. _____

1003
Primary Registration District No. _____

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

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:
St. John's Hospital
(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 Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 547 S. Geyer
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mary Elizabeth Dirnberger

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 Single

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

7. Birth date of deceased Dec 22 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 28 If less than one day _____ br. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Sylvester Dirnberger

13. Birthplace New Hamberg Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Audrey Weinel

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvester Dirnberger

(b) Address 547 S. Geyer Rd. Kirkwood,

17. (a) Burial (b) Date thereof 1-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Louis H. Popp Inc

(b) Address Kirkwood, Mo.

19. (a) JAN 20 1941 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan day 20
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 24
1940 to Jan 20 1941
that I last saw her alive on Jan 9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bronchitis Duration 4 days

Due to Bronchopneumonia 10 days

Due to Empyema caused by acute bronchitis 14 days

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: 1

(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 _____

23. Signature J. F. Bredbeck (M. D. or other) _____
Address mail apt. Bldg Date signed 1/24/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John M Meyer
.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John M Meyer*
.....

Licensed Embalmer No. *3288*
.....

P. O. Address *Hubbard 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.