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3-40  
7-39  
X231

**MAR 25 1941 791**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether \_\_\_\_\_)

In this community 60 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
1

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 2

(d) Street No. 4625 Dahlia  
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Mary Albers

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30  
year 1941 hour 12 minute 15 P.M.

4. Sex female

5. Color or race white

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

(b) Name of husband or wife Willaim

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: February 6 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July  
1940 to Jan. 30th 1941  
that I last saw h. er alive on Jan. 30th 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81 11 24 hr. \_\_\_\_\_ min.

Immediate cause of death Chronic Myocarditis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions Hypertension, Chronic Nephritis.  
(Include pregnancy within 3 months of death)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Lorenz Gander

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

14. Maiden name unknown

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant William Albers

(b) Address 5524 So. 37th St.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 2-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury D

18. (a) Signature of funeral director John Zugunheim

(b) Address 7027 Gravois Ave.

19. (a) 1-1041 (b) J. B. Budeck  
(Date received by Registrar) (Registrar's signature)

23. Signature Frank D. (M. D. or other)

Address 1319 So. Bdway. Date signed 1/31/41

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

**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.....

*L. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address.....

*7027 Illinois*

**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.**