FILLED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22738

State File No.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1346

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Rich Hgts (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days in Hosp. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3324a Winnebago (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Carole Marie Verderber
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 Infant ()
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 19 (Day) 1941 (Year)

8. AGE: Years 0 Months 1 Days 7 If less than one day — hr. — min.

9. Birthplace St Louis () Mo. (City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Wm. Verderber
13. Birthplace St Louis () Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marie Mueller
15. Birthplace St Louis () Mo. (City, town, or county) (State or foreign country)
16. (a) Informant William Verderber
(b) Address 3324a Winnebago
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Paul's Churchyard
18. (a) Signature of funeral director Witt Bros Lt U Co.
(b) Address 2999 S. Jefferson Ave.
19. (a) JUN 27 1941 (Date received local registrar) (b) R. Meyer M D Dir Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1941 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from 6-16, 1941, to 6-26, 1941; that I last saw her alive on 6-26, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease — Duration 1 month 7 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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)
(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 Peter G. Dann (M. D. or other) (1)
Address 634 N. Grand Date signed 6-27-41

(Licensed Embalmer's Statement on Reverse Side)

P G Davis

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 Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 31072

P. O. Address 29798 Jeff

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

If this body is not embalmed, fact should be so stated above.