

STANDARD CERTIFICATE OF DEATH

State File No. 29977

FILED OCT 18 1941
791

1003

Registration District No.

Primary Registration District No.

Registrar's No. 7316

60
17
9
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:
DePaul 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 Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4845 Penrose Street
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Mamie A. Distelrath

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gerhard Distelrath 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 13 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 3 27 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Anton Blomberg 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Thekla Lindemann 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Gerhard Distelrath
(b) Address 4845 Penrose Street

17. (a) Burial (b) Date thereof 9/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Vos - Jap
(b) Address 3402 No. Kingshighway

19. (a) SEP 18 1941 (b) J. P. Bredek
(Sign, print, and date) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1941 hour 6 minute 40 a. M.

21. I hereby certify that I attended the deceased from 10-22-36
1936 to 9-9-41 1941

that I last saw her alive on 9-8-41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardio-Vascular -
renal disease

Due to Bronchial asthma

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 131

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. P. Bredek (M. D. or other) J. P. D

Address 5074 Union Blvd Date signed 9-10-41

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.....

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

working under my personal supervision.

Signed Ray W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.