

FILLED NOV 21 1941  
791

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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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:  
**4163 A N. Prairie Ave.,**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **13 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo/** (b) County \_\_\_\_\_

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

(d) Street No. **4163A N. Prairie Ave.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Margarete Engel Cantlen**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2nd**  
year **1941** hour **10** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **July 16-41**  
*only time to see*  
that I last saw her alive on **July 16**  
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **August Cantlen**

6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **March 16, 1876**  
(Month) (Day) (Year)

Immediate cause of death:  
**Cancer left ovary + neck metastasis from breast**

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

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

8. AGE: Years **65** Months **6** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Memphis, Mo.** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **50**

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation **Housework**

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

12. Name **Julius Klobaskie**

13. Birthplace **France** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name **Margarete Wiley**

15. Birthplace **Unknown** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **August Cantlen**

(b) Address **4163 A N. Prairie Ave.,**

17. (a) **Burial** (b) Date thereof **Oct. 6, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mascontah, Ill.**

18. (a) Signature of funeral director **W. P. Paschedag**

(b) Address **2825 N. Grand Blvd.**

19. (a) **OCT 3 1941** (b) **J. T. Brudick**  
(Date received local registrar) (Registrar's signature)

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 **E. H. Kiefer** (M. D. or other) \_\_\_\_\_

Address **3121 N. Grand** Date signed **10/2/41**

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**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 Walter G. Burnley  
Licensed Embalmer No. 4202

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.**