No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36826

State File No. 9056

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: 3638 Shenandoah Av. 1
(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: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 17 9
(If outside city or town limits, write "RURAL") 0

(d) Street No. 3638 Shenandoah Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Milly Demmler

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Dr. Johannes Demmler

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

7. Birth date of deceased May (Month) 13 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	29	hr. min.

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

10. Usual occupation housework

11. Industry or business

FATHER
12. Name Oswald Krause 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Amelia Unknown 1
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Margaret Roever
(b) Address 3638 Shenandoah Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Watt Bros. L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) NOV 15 1941 (Date received local registrar) J. V. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1941 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from Aug. 1. 41, 19 , to Nov. 12, 1941; that I last saw her alive on Nov. 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	1 mo.
Due to Cancer of Vulva	6 mos
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 0

23. Signature Dr. R. H. Roch (M. D. or other)
Address 3118 S. Grand Date signed 11/24/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3472

P. O. Address 2999 S. Jefferson

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

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