

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 22 1941

791

Primary Registration District No. **1003**

Registrar's No. **9109**

1. PLACE OF DEATH

(a) County Missouri

(b) City or town Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Modern Hthenberns
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution July 16-1941
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1003

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

(d) Street No. 5408 S. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGERY Minzey Wedford

3. (b) If veteran, name war _____

3. (c) Social Security No. see

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1941 hour 5 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 15 1941
that I last saw h. be alive on Nov 15 1941
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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 27 1867
(Month) (Day) (Year)

Immediate cause of death Ch Angerstein

Due to _____

Due to arteriosclerosis

8. AGE: Years 74 Months 7 Days 19
If less than one day hr. _____ min. _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

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

10. Usual occupation Inspector

11. Industry or business Hotel

12. Name Wm. A. ...

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. (a) Informant's own signature W. A. ...

(b) Address 5408 S. Broadway

17. (a) _____ (b) Date thereof 11 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. MARCUS - Guy Miller

18. (a) Signature of funeral director _____

(b) Address 5041 Wedgway

19. (a) NOV 17 1941 (b) J. F. Braddock
(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) none

(b) Date of occurrence none

(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 Max Starbuck (M. D. or other) MD

Address 512 Dora Place Date signed 11/16/41

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.....
.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Howard F. Rainla*

Licensed Embalmer No.....

3114

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.