

DEC 15 1941

State File No. \_\_\_\_\_

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 307

1. PLACE OF DEATH: Callaway  
 (a) County \_\_\_\_\_  
 (b) City or town Fulton Mo (City)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hospital No. 12  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 Mos. 26 Days  
 (Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
2126 Maple Grove  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 518 Selma Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mildred Frances Ciswirth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 2k

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 7 1895  
 (Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 0 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Laundry woman

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

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

14. Maiden name Marie A. Stein  
 15. Birthplace D. C.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
 (b) Address State Hospital, Fulton, Mo.

17. (a) Removal (b) Date thereof 11/7/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.  
 18. (a) Signature of funeral director Leo S. Wallace  
 (b) Address Fulton, Mo.

19. (a) 11/7/41 (b) R. N. Crews  
 (Date of local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 11 day 7  
 year 1941 hour 7 minute 5 A.M.

21. I hereby certify that I attended the deceased from April 5  
1941, to Nov 6, 1941  
 that I last saw her alive on Nov 6  
 and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus throat

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

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

Other conditions Diabetes Mellitus  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 61

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 1)

23. Signature Katherine Shirley Brown (M. D. or other) M. D.  
 Address State Hospital #1, Fulton Date signed 11-7-41

Duration 12 hrs  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

4  
1  
2

**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.....

*Albert E. White*

Licensed Embalmer No. ....

*4168*

P. O. Address.....

*Gulton, Mo*

**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, fact should be so stated above.**