

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 19 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 728

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3701 HICKORY ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Cleary

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased MAY 28 1968
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 26 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name WILLIAM MEYER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE KOESTER

15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant CATHERINE CHURCHILL

(b) Address 4949 NORTHLAND AVE

17. (a) BURIAL (b) Date thereof 1/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. PETER & PAUL CEM.

18. (a) Signature of funeral director J. P. Predeck

(b) Address 1125 HOLLYMONT AVE

19. (a) JAN 25 1943 (b) J. P. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1943 hour 5:50 minute 1 M.

21. I hereby certify that I attended the deceased from January 4, 1943 to January 24, 1943; that I last saw him or alive on January 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Fatal Pneumonia Duration _____

Due to _____

Due to 1/6

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? _____

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

23. Signature W. J. ... (M.D. or other)

Address 1515 Lafayette Avenue Date signed 1/25/43

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

000
17
18
9

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.

Not Embalmed

Signed.....

A. Muly

Licensed Embalmer No. *3225*

P. O. Address *125 Heddermont Ave.*

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.