S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22920

State File No. 6238

Registration District No. _____ 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:
1120 Blendon Pl. /
(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 17 7

(a) State Mo; (b) County _____

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

(d) Street No. 1120 Blendon Pl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Dick

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis Dick

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

7. Birth date of deceased March (Month) 19th (Day) 1887 (Year)

8. AGE: Years 56 Months 3 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name Unknown Fischer
13. Birthplace _____ (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Louis Dick
(b) Address 1120 Blendon Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUL 9 1943 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th year 1943 hour 7:30 minute A.M. M.

21. I hereby certify that I attended the deceased from June 24, 1942 to July 8, 1943 that I last saw her alive on July 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	1 day.
Due to Gen. arteriosclerosis - Hypertension.	yrs. "
Due to Hyperthyroidism	"
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 _____

23. Signature Arthur Sundlow (M. D. or other) M.D.
Address 2202 University St. Date signed 1-9-43

(Licensed Embalmer's Statement on Reverse Side)

2201 University Pl
Ce 3995 12-2 & 5-6

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 Richard W Steusand

Licensed Embalmer No. 4007

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, fact should be so stated above.