

S. No. 2  
M-2-43  
5-17-43  
I X 3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26132<sup>B</sup>

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

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 1790

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood

(c) Name of hospital or institution: Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BARBARA NATHE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christian

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

7. Birth date of deceased Nov. 8, 1864.  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business Dont know

12. Name Dont know

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

14. Maiden name Dont know

15. Birthplace Dont know  
(City, town, or county) (State or foreign country)

16. (a) Informant Ambrose Nathe

(b) Address 3314 Wisconsin Avenue

17. (a) Burial (b) Date thereof Aug. 5, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebben, Benj Montmarcy  
2842 Meramec Street.

19. (a) AUG 4 1943 (b) E. J. McClanahan  
(Date of local filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3314 Wisconsin Avenue  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd.  
year 1943 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 20, 1943 to August 2, 1943  
that I last saw her alive on August 2, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia  
Myocarditis Chronica

Due to General Arteriosclerosis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy As

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) (Means of injury)

23. Signature Julius She Rotten (M. D. or other) M.D.  
Address 2603 S. Chesnut Date signed 8-3-43

**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, of  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Joe B. Benz*  
Licensed Embalmer No. 4249  
2842 Meramec Street  
P. O. Address St. Louis, 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.**