

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42077

State File No. ....

FILED DEC 18 1944  
Registration District No. ....

Primary Registration District No. 6076

Registrar's No. 2508

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
814 Wachtel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 814 Wachtel  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT

FULL NAME Margaret Dies

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 married

6. (b) Name of husband or wife Adolph Dies 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 16, 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>20</u>	hr. min.

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

10. Usual occupation Housewife at home

11. Industry or business.....

MOTHER FATHER

12. Name ? Echall

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

14. Maiden name Unknown

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

-16. (a) Informant Adolph Dies

(b) Address 814 Wachtel

17. (a) Cremation (b) Date thereof Dec. 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) 12/18/44 (b) G. S. Melchior  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 6<sup>th</sup>  
year 1944 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 27, 1944, to Dec 6, 1944  
that I last saw her alive on December 6, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Mgo carditis

Due to Carcinoma of Liver

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 Home (Specify type of place) (e) Means of injury 2

Signature J. J. White (M. D. or other) Do.

Address 814 Wachtel Date signed 12-9-44

Duration

1 yr

5 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

46 f

20  
19/44

107

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1944

MAR 27 1965

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..... *Virgil L. Berryman*  
.....  
Licensed Embalmer No. *4018*  
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.