

FILED JAN 16 1945

Registration District No. 317

Primary Registration District No. 6076

h.w. Galt 3533
State File No. _____
Registrar's No. 2720

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2227-Wengler Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 Years
years, months or days

3. (a) PRINT FULL NAME

Martha Neu

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Florian C | 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb 7 1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Creve Coeur Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Erastus Smith
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Isabell Mosley
15. Birthplace _____ 19
(City, town, or county) (State or foreign country)

16. (a) Informant Florian Neu
(b) Address 2227-Wengler Ave-Overland, Mo

17. (a) Burial (b) Date thereof 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica Cemetery

18. (a) Signature of funeral director Blumans Bros. Inc.

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) DEC 26 1944 (b) G. S. Malveran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2227-Wengler Avenue 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 20
1944 to Dec 6 1944
that I last saw her alive on Dec 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day
Due to Hyperextension

Due to _____
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) None
(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 T
Signature Ray G. Hatcher (M. D. or other) MD.
Address 1438 Woodson Rd. Date signed 12-23-44

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..... *Oscar F. Mueller*.....
Licensed Embalmer No. *3039*.....
P. O. Address *Overland, 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.