S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11[illegible]

FILED MAY 12 1945 818

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4009

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

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:
220 W.Courtois st. 1
(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:

(a) State Mo. (b) County 000

(c) City or town St.Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 220 W.Courtois st. 7 1
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mary Christ

3. (b) If veteran, name war no

3. (c) Social Security No. No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Louis

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

7. Birth date of deceased December (Month) 31 (Day) 1865 (Year)

8. AGE: Years 879 Months 4 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Mattese (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Mueller
13. Birthplace ..... (City, town, or county) Germany 14 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Louis Christ

(b) Address 220 W.Courtois

17. (a) Buria l (Burial, cremation, or removal) (b) Date thereof May 7,1945 (Month) (Day) (Year)

(c) Place: burial or cremation New St.Johns Cem.Mehlville

18. (a) Signature of funeral director C.Hoffmeister U.&L.Co.

(b) Address 7814 S.Broadway

19. (a) MAY 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1945 hour 9 minute 30 p. M.

21. I hereby certify that I attended the deceased from Mar 27, 1945, to May 4, 1945 that I last saw her alive on May 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal broncho-pneumonia

Due to .....

Due to .....

Other conditions Fracture left hip (Include pregnancy within 3 months of death) Lower Gastroenteric — Decubitus ulcer

Major findings of operations as above

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence Mar 25, 1945

(c) Where did injury occur? yes (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? (e) Means of injury Fall

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

Address 539 N. Grand Blvd Date signed 5-5-45

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.