

#32926

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11789**

FILED APR 23 1945 18

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **3237**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **ST. LOUIS, MO.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
ST. LOUIS CITY HOSPITAL #1 *(1)*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
life (Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Marie Six**3. (b) If veteran, name was **none** 3. (c) Social Security No. **none**4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____7. Birth date of deceased **April 1 1883**
(Month) (Day) (Year)8. AGE: Years **62** Months **0** Days **9** If less than one day _____
hr. min.9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **housewife**11. Industry or business **at home**12. Name **Matthew Six**13. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Mary Bader**15. Birthplace **Alsace Lorraine**
(City, town, or county) (State or foreign country)16. (a) Informant **John Bumpert of Pennsylvania**
(b) Address **910a Carroll St #5 of Pennsylvania**17. (a) **burial** (b) Date thereof **4-11-45**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Old SS Peter & Paul Southern Funeral Home**18. (a) Signature of funeral director _____
(b) Address **6322 So. Grand Blvd.**19. (a) **APR 11 1945 J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **city of St. Louis** **17**
(If outside city or town limits, write "RURAL") **23**
 (d) Street No. **910a Carroll St.**
(If rural, give location)
 (e) Citizen of foreign country? **no** *(Yes or No)*
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10th**
year **1945** hour **6:20** minute **A.** M.21. I hereby certify that I attended the deceased from **4/7/45**
_____ 19 _____ to **4/10/45** 19 _____
that I last saw her alive on **4/10/45** 19 _____
and that death occurred on the date and hour stated above.Immediate cause of death **Hypertensive Heart Disease**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy **Same**

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 **Herbert C. Fritz** (M. D. or other) _____
Address **1515 Lafayette** **4/20/45** signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

S. No. 2
M—2-43
7. 5-17-39
P-1 X3559700
17
9

MOTHER FATHER

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.