

S. No. 2
M-8-4
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
LED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25598

State File No.

7366

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3954 Blaine Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 45 Years
years, months or days)

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")
(d) Street No. 3954 Blaine Avenue 317
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Egenberger

3. (b) If veteran, name war 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 23 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 4 3 ..hr. ..min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Unknown

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

14. Maiden name Krebs

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

16. (a) Informant Thayne Jackson

(b) Address 3954 Blaine

17. (a) Burial (b) Date thereof 8-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) AUG 24 1945 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd
year 1945 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from July 23, 1945 to Aug 10, 1945
that I last saw her alive on Aug 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Duration

Due to Senility

Due to 93

Other conditions (Include pregnancy within 5 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 work?..... (Specify type of place)

(e) Means of injury.....

23. Signature O. Williamson (M. D. or other)

Address 6336 Clayton Road Date signed 8/23/45

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..... *04018*
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.