

FILED SEP 14 1946
318

1003

Registration District No. _____

Primary Registration District No. _____

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:
Allison Gietner Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5000 So. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary C Cain

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 19th 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Pilot Knob Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tracy Granddaughter

(b) Address _____

17. (a) Removal Burial (b) Date thereof 9 2 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery DeSoto

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

(b) Address 3029 Lafayette Ave

19. (a) SEP 1 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
year 1946 hour 9:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr 1
1943 to Aug 31 1946
that I last saw her alive on Aug 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Metral Insufficiency 3y
Due to Bronchiectasis
Due to Arterial Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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 0

23. Signature J. C. Hirschmiller (M. D. or other)
Address 5000 S. Broadway Date signed 8/31/46

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

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 Ernest W. Spillars

Licensed Embalmer No. 14080

P. O. Address 3836 Botanical

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.