

FILED DEC 24 1946

100

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 10557

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community Life,
years, months or days)

3. (a) PRINT FULL NAME Mary Obrecht.

3. (b) If veteran, name war No. 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 Ignatius 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased March 7, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day,
88 8 0 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Gretgut

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

14. Maiden name Anna Muid

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

16. (a) Informant Dell Karrenbrock

(b) Address 4058 Holly Hills

17. (a) burial (b) Date thereof 12/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa,

19. (a) DEC 10 1946 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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. 4058 Holly Hills,
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
 year 1946 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from June
1944 to Dec 7, 1946
 that I last saw her alive on Dec 7, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis w/ E
marked atherosclerosis

Due to _____

Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: no

(c) 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 [Signature] (M. D. or other) _____

Address 38 W. Irving St. St. Louis Date signed 12/19/46

Duration Seven
years

PHYSICIAN

Underline the cause to which death should be charged statistically.

205512

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..... *W. Wilkins*

Licensed Embalmer No..... *357*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.