

FILED DEC 24 1946 318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 10702

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:
4949 Eichelberger
(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 Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4949 Eichelberger
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME May Podgen

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 married

6. (b) Name of husband or wife Edward J. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 2, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 10 hr. min.

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

10. Usual occupation home

11. Industry or business _____

12. Name Miles McSweeney

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

14. Maiden name Scollard

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

16. (a) Informant Edward Podgen

(b) Address 4949 Eichelberger, St. Louis, Mo

17. (a) burial (b) Date thereof Dec. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker - Neldude D. & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) DEC 14 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1946 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from July 1946 to Dec 12 1946
that I last saw him/her alive on Dec 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to Constrictive heart failure

Other conditions Semibz 95
(Include pregnancy within 3 months of death)

Major findings: None
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 None
(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? _____

23. Signature J. F. Brudeck (M. D. or other) MD
Address 3606 Gravois Date signed 12-13-46

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Robert Wheeler

Licensed Embalmer No.....

2178

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.