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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19745

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1071

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Shamrock Nursing Home 4
(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 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1900 Goodfellow Blvd. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Margaret C. Primus

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife John George Primus

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 10 (Month) 5 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	7	7	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Frederick Zluhan
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Lozier
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose S. Von Dach 1
(b) Address 1900 Goodfellow Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 5-16-47 (Date received local registrar) (b) Carl A. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1947 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from Nov. 1946 to May 12 1947
that I last saw her alive on May 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lung rt.

Due to .....

Due to 47d

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 ( )

23. Signature H H Helbing (M. D. or other) M.D.

Address 3913 Olive Date signed 5/13/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3903 Olive

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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 Albert R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.