. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22270

FILED JUN 23 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5822

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 1441 Burd
(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 MO (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1441 BURD 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAMIE GROEZINGER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased MAY (Month) 12 (Day) 1879 (Year)

8. AGE: Years 68 | Months = | Days ~~30~~ 29 | If less than one day hr. min.

9. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name JOHN TIERNEY
13. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

MOTHER
14. Maiden name NORA MALLOY
15. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant JOHN GROEZINGER
(b) Address 1441 BURD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 14 47 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Cullen Kilp
(b) Address 4386 Lindell

19. (a) JUN 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11
year 1947 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from Feb 6 1947, to June 10 1947
that I last saw her alive on June 10 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Sudden
Due to Arterio Sclerosis	years
Due to Chronic Brain, Nephritis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131
Of autopsy

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 0

23. Signature J. L. Marder MD (M. D. or other)
Address 3155 N. Vandeventer Date signed 6-12-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Mayfield

Licensed Embalmer No. 3077

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.