

FILED JUL 3 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5695**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1001 Sidney St.
(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

3. (a) PRINT FULL NAME Mary Jane Verble

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 Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 22 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 1 _____ hr. _____ min.

9. Birthplace Union Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Holshoser
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Verble
(b) Address 1607 N. 25th St.

17. (a) Removal (b) Date thereof 6-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dongola, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 24 1948 (b) J. F. Bredsch
(Date received local Form 10) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 Sidney St.
(If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23rd
year 1948 hour 2: minute _____ P. M.

21. I hereby certify that I attended the deceased from APRIL 1, 1948, to JUNE 23, 1948;
that I last saw her alive on JUNE 23, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min
Due to Arteriosclerosis & similar 10 yrs.

Due to _____
Other conditions (include pregnancy within 3 months of death) OK

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 6

23. Signature M. D. Barlow (M. D. or other) M.D.
Address 7629 So. Broadway Date signed 6/23/48

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 *John S. Wenne*
Licensed Embalmer No. *4194*
P. O. Address.....

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.