FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

24851

State File No.

FILED AUG 6 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6538

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

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: 4944 Beacon Ave.,
(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

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

(d) Street No. 4944 Beacon Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Mary Wren.

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased May 18, 1868.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	80	2	6	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Michael Wren
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lively
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah wood
(b) Address 4944 Beacon Ave.,

17. (a) Burial (b) Date thereof July 27/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) JUL 25 1948 (b) J. F. Bridect
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1948 hour 6.45 minute A. M. M.

21. I hereby certify that I attended the deceased from 8-27, 1947 to 7-24, 1948
that I last saw her alive on 7-24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	3da
Due to: Arterio sclerosis	10 yr
Due to: Chronic myocarditis	12 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature Geo H Klinkerfuss MD (M. D. or other)
Address 340 Bermuda Ave Date signed 8-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr, Geo. Klinkerfuss
Normandy, Mo.

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 Henry W. Brammer

Licensed Embalmer No. 4200

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.