

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1008**

(a) County 1

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \$ St. Anthony's Hosp  
(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: 1

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 8404 Michigan  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Marie Moentmann 535

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 Widowed

6. (b) Name of husband or wife (late) Wm Moentmann

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

7. Birth date of deceased 5-20-1867  
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation hswk

11. Industry or business at home

12. Name Vincent Steffan

13. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Moentmann

(b) Address 8404 Michigan

17. (a) Burial (b) Date thereof 11-25-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity between Cemetery

18. (a) Signature of funeral director System Ltd Co. - Mrs. Morris

(b) Address 1222 S. Grand Blvd.

19. (a) NOV 22 1939 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
year 1939 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from NOV 18th  
\_\_\_\_\_, 1939, to NOV 22, 1939

that I last saw him alive on NOV 21, 1939:  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock - Post operative Duration 3 days

Due to Empyema of gall bladder no stones

Due to \_\_\_\_\_

Other conditions 127  
(Include pregnancy within 3 months of death)

Major findings: Empyema of gall bladder

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? 1 (e) Means of injury \_\_\_\_\_

23. Signature Oliver J. Cavall (M. D. or other) MD

Address 7606 Michigan Date signed Nov 26

Dr. O. J. M. Kamee  
7606 Madison  
130 to 3

**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 Frank Ludwig  
Licensed Embalmer No. 2504  
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, above space should be left blank.**