

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8714
Do not use this space.

2303

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. 5972 Lotus Ave. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary McNicol 252
(a) Residence, No. 5972 Lotus Ave. St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James McNicol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
89 8 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 713. NAME Robert Stewart 714. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 715. MAIDEN NAME Mary E. Morrison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT (ADDRESS) J. R. McNicol
5972 Lotus Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Mar. 9th, 193819. FUNERAL DIRECTOR (ADDRESS) Drehmann Haral
1905 Union Blvd.20. FILED MAR 8 1938 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th, 193822. I HEREBY CERTIFY, That I attended deceased from March 6, 1938 to March 6, 1938I last saw him alive on March 6, 1938. Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

Alexey (apoplexy)
88

Other contributory causes of importance:

artherosclerosisName of operation None Date of _____
What test confirmed diagnosis? Thrombosis Where an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Stalla Procy, M. D.
(Signed) Stalla Procy
(Address) 6400 E. 1st St. St. Louis

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.

12-3
6-11-19

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Robert M Sanford

Licensed Embalmer No. _____

2273

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.)