

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

REC'D MAR 13 1939

791  
1003  
1644  
Do not mutilate.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. .... 1337  
 (c) City St. Louis (d) Street No. 4554 1/2 Chouteau 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 MAMIE RAY

(a) Residence, No. 4554 1/2 Chouteau St. 18 (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 Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10 - 1880  
 7. AGE YEARS 58 MONTHS 1 DAYS 30 If LESS than 1 day, hrs. or min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 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) St. Louis, Mo

FATHER 13. NAME John Meaney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER 15. MAIDEN NAME Oliver Meaney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) Mrs. Mary Leavelle 4554 1/2 Chouteau Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edw. F. Howard 4212 St. Louis Ave

20. FILED J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1938 to Feb. 9 1939  
 I first saw her alive on Feb 9 1939. Death is said to have occurred on the date stated above, at 1052 a.m.  
 The principal cause of death and related causes of importance were as follows:

1) Carcinoma of Uterus  
 2) Portal Cirrhosis  
 Other contributory causes of importance: Arterio Sclerotic Heart Disease & Cardiac Compensation  
 Name of operation Abdominal Paracentesis Date of numerous  
 What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... 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 Thomas A. Coates M. D.  
 (Signed) Thomas A. Coates (Address) 307 S. Euclid

FEB 10 1939

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.

**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 Edw. F. Howard

Licensed Embalmer No. 1443

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, above space should be left blank.