

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

REC'D JUN 12 1939

17006
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 or City..... **St. Louis, Mo.** (d) Street No. **City Infirmery** 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 **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Mary King**

(a) Residence, No. **5800 Arsenal** St. **13** (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1852		
7. AGE	YEARS 86	MONTHS 11
		DAYS 11
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	None
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown Mass.
	13. NAME	James Crane
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown Ireland
	15. MAIDEN NAME	Bridget Crabb
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown Ireland
17. INFORMANT (ADDRESS) J.G. Sullivan 5800 Arsenal St.		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	Mt. Olive	DATE May 19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sullivan Funeral Home 6322 So. Grand		
20. FILED MAY 18 1939 J. F. B. [Signature] Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 16, 1939**
 22. I HEREBY CERTIFY, That I attended deceased from **April 24, 1939** to **May 16, 1939**
 I last saw her alive on **May 16, 1939** Death is said to have occurred on the date stated above, at **10:30 P.M.**
 The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Other contributory causes of importance:
Arteriosclerosis
Coronary artery disease

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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.....
 (Signed) **J. Potasnick**, M. D.
 (Address).....

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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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.....

Ernest L. Berryman

Licensed Embalmer No.....

4078

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.