

REGD OCT 14 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

7755

1. PLACE OF DEATH: **1**
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Honer Phillips Hosp
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED: **1**
(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS **[21]**
(d) Street No. 2224 Biddle
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary M. Meary 251
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 8 day 3
year 1939 hour 6:25 minute P M.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Will 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased. Dec 25 1865
(Month) (Day) (Year)

Due to Chronic Myocarditis
Arteriosclerosis

8. AGE: Years 72 Months 7 Days 9 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace Dallas Tex.
(City, town, or county) (State or foreign country)

Other conditions _____

10. Usual occupation Housewife
11. Industry or business _____
12. Name Not known
13. Birthplace Not known
14. Maiden name Floora Calman
15. Birthplace Not known

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant's own signature Robert M. Meary
(b) Address 2204 Biddle

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 9/9/39
(c) Place: burial or cremation Washington Park

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director A. D. Richards
(b) Address 2625 Osage
19. (a) SEP 8 1939 (b) J. F. Bredek

While at work? _____
23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 9-8-39

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.

PHYSICIAN
Underline the cause to which death should be charged statistically. **6**

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

W. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.