DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34188

Registration District No. 1605 — 791 — 8726 ~~8026~~

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1411 Marcus Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1411 Marcus Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs Marie McDougal

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Claude D. McDougal

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased April (Month) 6 (Day) 1895 (Year)

8. AGE: Years 44 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Wells
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Molly Hansen
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Claude D. McDougal
(b) Address 1411 Marcus Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/39 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kreigue-Vos-Fry Inc
(b) Address 3402 No. Kingshighway

19. (a) OCT 13 1939 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12th year 1939 hour 1/4 minute 4 A.M.

21. I hereby certify that I attended the deceased from Sept 1st, 1939, to Oct 12th, 1939, that I last saw her alive on Oct 11th, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis 2 wks

Due to Myocarditis-chronic 1 month

Due to Nephritis 11

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Clyde L. Lane (M. D. or other)

Address 4625 Lindenwood Date signed 10/12/39

(Licensed Embalmer's Statement on Reverse Side)

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 Greg W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.