

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 8768

1. PLACE OF DEATH: 1008 139 NOV 13 1939
 (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:
MISSOURI BAPTIST
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 8 DAYS
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County 1
 (c) City or town ST LOUIS 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2138 ALLEN AVE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME MARY JOSEPHINE MYATT
 3. (b) If veteran, name war No
 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 12
 year 1939 hour 9 34 minutes P M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LYNN
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased APRIL 1 1892
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 4
 _____, 1939, to Oct 12, 1939;
 that I last saw her alive on Oct 12, 1939;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
47 6 11 hr. _____ min.

Immediate cause of death Intestinal obstruction Duration 11 da
 Due to Post operative adhesions

9. Birthplace LESLIE MISSOURI
 (City, town, or county) (State or foreign country)

Due to Supra cervical hysterectomy about 2 years ago

10. Usual occupation HOUSEWIFE

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business HOME

PHYSICIAN _____

MOTHER FATHER { 12. Name GEORGE E. ARMISTEAD?

Major findings: Obstruction of ileum by adhesions Operation 10/6/39

13. Birthplace LESLIE MISSOURI
 (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name SARAH J. GRAYATT

15. Birthplace LESLIE MISSOURI
 (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mary Josephine Myatt

22. If death was due to external causes, fill in the following:

(b) Address 2138 ALLEN AVE

(a) Accident, suicide, or homicide (specify) _____

17. (a) REMOVAL (b) Date thereof 10-15-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation LESLIE, MO. - EVERGREEN CEM

(c) Where did injury occur? _____
 (City or town) (County) (State)

18. (a) Signature of funeral director Carlton Kelly

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

(b) Address 1412 N. TAYLOR AVE

While at work? _____ (Specify type of place)
 (e) Means of injury _____

19. (a) NOV 11 1939 (b) J. Braddock
 (Date received local registrar) (Signature of decedent)

23. Signature Coland Shepper (M. D. or other) _____

(Date received local registrar) (Signature of decedent)

Address 4500 Olive Date signed 10/13/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1511

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 *Robert McWard*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.