

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.

Registration District No. 2091 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1003 2  
(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:  
314 Clara Avenue.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis, 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 314 Clara Avenue.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Belle Keefer. 16A  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_  
4. Sex Female. 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 23, 1852.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 10<sup>th</sup>  
year 1939. hour 1:30 minute P.M.  
21. I hereby certify that I attended the deceased from August  
1938, to August, 1939  
that I last saw her alive on Dec 3<sup>rd</sup>, 1938  
and that death occurred on the date and hour stated above

Immediate cause of death Diabetes Mellitus Duration 4 yrs

8. AGE: Years Months Days If less than one day  
87. 4. 17. hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Alton, Illinois.  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home.  
11. Industry or business \_\_\_\_\_  
12. Name Horatio Burnes.  
13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)  
14. Maiden name Jenime Barret.  
15. Birthplace Louisville, Kentucky.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically

MOTHER FATHER  
16. (a) Informant's own signature Jean Cavanah.  
(b) Address 314 Clara Ave.  
17. (a) ~~BURIAL PLACE~~ (b) Date thereof DEC-13-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation BETHANY CEMETERY  
18. (a) Signature of funeral director C. R. Lupton & Sons,  
(b) Address # 7233 Delmar Blvd.  
19. (a) DEC 12 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. A. Monaghan (M. D. or other)  
Address 5899 Delmar Date signed Dec 11/39

Dr. Herbert L. Montague  
5899 Delmar  
Ca. 7056

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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 Clarence H. Murray

Licensed Embalmer No. 4011

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.**

10/11