

12541
 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. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 2
 (a) County _____
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution: 607 So. 6th St.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
Life (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 607 So. Sixth
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? X _____ years.

3. (a) PRINT FULL NAME Edwin Mackey
 3. (b) If veteran, name war X 3. (c) Social Security No. X
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if all unknown years
 7. Birth date of deceased May 27, 1852
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 12,
 year 1939 hour 7:20 minute P. M.
 21. I hereby certify that I attended the deceased from December
11, 1939 to December 12, 1939,
 that I last saw him alive on December 12, 1939,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 6 15 _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Nil.
 11. Industry or business X
 MOTHER FATHER { 12. Name Edward Mackey
 18. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Olive Mansfield
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Anna Morrison
 (b) Address City Hospital, #1
 17. (a) _____ (b) Date thereof 12-29-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington
 18. (a) Signature of funeral director W. R. Patten
 (b) Address 3120 Katon
 19. (a) DEC 28 1939 (b) J. F. Beck
 (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 Red M. Filer (M. D. or other) _____
 Address 1515 Lafayette, 12/13/39
 Date signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.