S. No. 2
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FILE

16

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15991

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 742

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 4928 Heege 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 6818 Virginia (If rural, give location)

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

3. (a) PRINT FULL NAME Mary Needham 357

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh.

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

6. (b) Name of husband or wife Michael Needham

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 17, 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation housework

11. Industry or business 6

FATHER
12. Name Edgius Mueller
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Eva Frank
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Michael Needham

(b) Address 6818 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter + Paul

18. (a) Signature of funeral director Southern Funeral House

(b) Address 6322 [illegible]

19. (a) APR 16 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 14th year 1940 hour minute 5:30 p. M.

21. I hereby certify that I attended the deceased from Jan. 1939, to April 14, 1940 that I last saw her alive on Apr. 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 hrs
Cerebral Embolus	"
Due to Coronary Artery Disease	2 mos.
Due to Hypertensive Heart Disease	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95/72

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? 707 (Specify type of place)

While at work? (e) Means of injury

23. Signature G A O'Sullivan (M. D. or other) MD

Address 421 W Schirmer Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. O'Sullivan

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7-9

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 Virgil L Berryman

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.