

No. 2
1-10-39
17-3
X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 16660
Registrar's No. 4138

FILED JUN 15 1940 791
Registration District No.

Primary Registration District 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:
952A LAUREL STR 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 29 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS 5
(If outside city or town limits, write "RURAL")
(d) Street No. 952A LAUREL STR.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7
year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from
April 26, 1940 to May 7, 1940;
that I last saw her alive on May 7, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerosis deformans Duration
17 yrs

Due to _____
Due to _____ 57

Other conditions Chronic Inflammation 10 yrs
(Include pregnancy within 3 months of death)

Caused by arthritis
Major findings: deformans
No malignancy
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?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature P. J. Henzel (WENZEL)
Address 462 N. Taylor Date signed 5/8/40

8. (a) PRINT FULL NAME MARY EDNA CRAIN 650

8. (b) If veteran, name war NONE 8. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT. 3, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 4 hr. min.

9. Birthplace KANSAS CITY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

12. Name JOHN RAGDALE

13. Birthplace WHEELING W. VA.
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH MORROW

15. Birthplace WHEELING W. VA.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth O'Brian
(b) Address 952A Laurel Str.

17. (a) BURIAL (b) Date thereof 5-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Hullert & Hellel

(b) Address 1416 N. Taylor ave.

19. (a) MAY 8 1940 (b) _____
(Date received local registrar) (Signature of registrar)

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

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

Clément McMay

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.