

19580

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 10 1940
Registration District No. 784

Primary Registration District No. 115

Registrar's No. 928

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Old Peoples' Home 3
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Miss Mary Ayres 6-28

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 10 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Benton Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 9

11. Industry or business _____ 9

MOTHER FATHER

12. Name Samuel A Ayres 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Short

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

16. (a) Informant's own signature Mary E. Craig

(b) Address 6600 Washington Ave

17. (a) Burial (b) Date thereof May 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamel Hill Cemetery

18. (a) Signature of funeral director Shepard Memorial Home

(b) Address 1167 Hamilton Ave

19. (a) MAY 12 1940 (b) L. R. MURPHY
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo/ (b) County St. Louis

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

(d) Street No. 6600 Washington Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1940 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from acc
1938 to May 1940
that I last saw her alive on 5-9 1940
and that death occurred on the date and hour stated above

Immediate cause of death Heart disease Duration

Due to Coronary arteriosclerosis

Due to _____

Other conditions Rheumatoid arthritis
(Include pregnancy within 3 months of death)

Major findings: 9/15 Dr 2

Of operations _____

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? 7A
(Specify type of place) (e) Means of injury _____

23. Signature J. H. Shrews (M. D. or other) MD

Address 6600 Washington Date signed 5-12-40

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 X 3511

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.....

J. G. Sullivan

Licensed Embalmer No. 1122

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.