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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23414

State File No. \_\_\_\_\_  
Registrar's No. 5859

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: City Hospital, #1  
(d) Length of stay: In hospital or institution 1 Day  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 4815 Terrace  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Schofield 143  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 10, year 1940 hour 6:50 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from July 9, 1940 to July 10, 1940; that I last saw her alive on July 10, 1940; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 15, 1872  
(Month) (Day) (Year)

Immediate cause of death Atherosclerosis, general.  
Due to Atherosclerosis, with infarction  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None.  
Of autopsy As above.

8. AGE: Years 67 Months 7 Days 15 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Louis Tyrer  
13. Birthplace Wis.  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Jones  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Rudolph Schofield  
(b) Address 4815 Terrace  
17. (a) Removal (b) Date thereof 7/12/40  
(Burial, cremation, or removal) Palmyra, Mo.  
(c) Place: burial or cremation Edith E. Ambruster  
18. (a) Signature of funeral director J. B. Manchester  
(b) Address \_\_\_\_\_

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 \_\_\_\_\_

19. (a) Jul 12 1940 (b) J. B. Manchester  
(Date received in Registrar's Office) (Registrar's Signature)

23. Signature James T. Murphy (M. D. or other) \_\_\_\_\_  
Address 1510 Lafayette Ave. Date signed 7-11-40.

**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

*Florence Eymck*

Licensed Embalmer No. *1284*

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.**