

AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23737

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 6182

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mos., 18 Days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME MARY THERESA MARES 620

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 2 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 21 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Joseph Mares

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

14. Maiden name Theresa Ott

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

16. (a) Informant T. Della Brown

(b) Address 2604 Indiana Ave.

17. (a) Burial (b) Date thereof July 25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Pater & Paul

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 3928 Allen Ave.

19. (a) JUL 29 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 23
(If outside city or town limit, write "RURAL")
(d) Street No. 2604 Indiana Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from April 6,
1940, to July 23, 1940;

that I last saw him or alive on July 23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar
Left Hemiplegia
Arteriosclerosis

Due to

Due to Arteriosclerosis

Other conditions Old cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

4 Days

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, or in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address 1515 Lafayette, Date signed 7/24/40

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 Benj. C. Duncan
Licensed Embalmer No. 2272
P. O. Address 1924 Allen

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.