

1940 AUG 25 10:07 91
Registration District No. **1003**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CENTRAL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community LIFE
years, months or days) 240

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town JENNINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 5635 HODIAMONT N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME MARK ANN PHEGLEY

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

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 JULY 28 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 10 hr. min.

9. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

12. Name RAYMOND PHEGLEY

13. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ANNA NEW START

15. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Phegley

(b) Address 5635 HODIAMONT

17. (a) BURIAL (b) Date thereof 7-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen - Kelly

(b) Address 7267 NATURAL BRIDGE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 12:30 minute _____ M.

21. I hereby certify that I attended the deceased from July 28 1940 to July 28 1940
that I last saw her alive on July 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to ?

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Wm G. King (M.D. or other) _____
Address 8201 N. BROADWAY Date signed 7/28/40

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

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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 _____

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.