DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23962

Primary Registration District No. 1003

Registrar's No. 6407

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. PLACE OF DEATH:**

(a) County: St. Louis Mo.

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2209 Walnut St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2

In this community: 40 Years. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County:

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 22

(d) Street No.: 2209 Walnut St. (If rural, give location) 0

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

3. (a) PRINT FULL NAME: Mamie Martnelle Proctor 623

3. (b) If veteran, name war: No.

3. (c) Social Security No.: no card

4. Sex: Female

5. Color or race: Col.

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

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: Oct 25, 1875. (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 9 | 3 | hr. min. |

9. Birthplace: Memphis Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation: Domestis Work 9

11. Industry or business: 1

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Mamie (unknown)

15. Birthplace: Memphis Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: E.B.Barron

(b) Address: 7233 Dorset

17. (a) (Burial, cremation, or removal) (b) Date thereof: July 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Wright's Funeral Home.

(b) Address: 3100 Easton Ave.

19. (a) JUL 30 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 28 th. year 1940 hour 9:30 minute P.M. M.

21. I hereby certify that I attended the deceased from July 16 19 40 to July 28 19 40 and that I last saw her alive on July 27 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: 2 weeks

Due to: 1 Cl 9 M

Due to: Heart Exhaustion

Other conditions (Include pregnancy within 3 months of death): Heat Stroke

Major findings:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: W. A. Wheeler (M. D. or other) M.D.

Address: 2345 Rosedale Date signed 7-28-40

(Licensed Embalmer's Statement on Reverse Side)

## 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 me Chas. Gauna, Registered Apprentice No. 2349 working under my personal supervision.

Signed Chas. Gauna

Licensed Embalmer No. 2349

P. O. Address

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**