

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7647**

REC'D OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mary Ryder Home for Aged.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 months**
(Specify whether _____)
 In this community _____
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")
 (d) Street No. **4362 Washington**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME **Mary A. Wielms**

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased **March 20 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 17 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Kilfoy**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Ann Hoban**
 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Wood**
 (b) Address **4107 Chippewa**

17. (a) **Burial** (b) Date thereof **8-10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Olive**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**
 (b) Address **4016 Chippewa**

19. (a) **SEP 12 1940** (b) **J. P. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **7**
 year **1940** hour **12** minute **NOON** M.

21. I hereby certify that I attended the deceased from **May 31 1938**
 to **Sept 5 1940**
 that I last saw her alive on **Sept 5 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis?**
2. Myocardial infarction
Myocardial infarction

Due to _____
 Due to _____

Other conditions: **Pneumonia**
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature **John Kilfoy** (M. D. or other) _____
 Address **5105 a prosper** Date signed _____

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

76417

76417

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 Ernest W. Spillaro

Licensed Embalmer No. 14080

P. O. Address 3747 Danville

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.