

Registration District No. **791** Primary Registration District No. **1003**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: 1927 Geyer Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1927 Geyer, Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Epps

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 Married
6. (b) Name of husband or wife Ben Epps 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 2 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 9 hr. min.

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business 1

MOTHER { 12. Name George Miller
13. Birthplace Tenn. 9
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Boswell
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Epps
(b) Address 1927 Geyer
17. (a) Removal (b) Date thereof 11/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director J. E. Mandell
(b) Address 1926 Allen, Ave.

19. (a) Nov 11 1940 (b) J. B. Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1940 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 4
_____, 1940, to Nov 11, 1940,
that I last saw her alive on Nov 10, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Left Breast
Duration _____

Due to 50
Due to _____

Other conditions General metastasis of cancer
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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) (c) Means of injury _____

23. Signature H. E. Mason (M. D. or other) _____
Address 1004 - 50.18 Date signed Nov 11-40

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 Benj. C. Daman
Licensed Embalmer No. 2272
P. O. Address 1926 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.