

Registration District No. **7911** Primary Registration District No. _____

FILED DEC 11 1940

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:
4351 A Finney Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Gallie Mayo

8. (b) If veteran, name war NO 8. (c) Social Security No. NONE

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

6. (b) Name of husband or wife 199AC Mayo 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased 4 10 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 76 7 16 br. _____ min.

9. Birthplace Arkadelphia ARK
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name LAYNE CLARK

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

14. Maiden name Mattie

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

16. (a) Informant Grace Hinton

(b) Address 4351 A Cook Ave

17. (a) _____ (b) Date thereof 11-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Franklin Ave

19. (a) NOV 27 1940
(Date) (Day) (Month) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4351 A Cook Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1940 hour one minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 15
15, 1940 to Nov 26, 1940;
that I last saw her alive on Nov 25, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary artery occlusion Duration 10 hrs

Due to Chronic coronary sclerosis arterial hypertension

Due to _____

Other conditions Malnutrition
(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 Perone A. Cook (M. D. or other)
Address 508 N. Grand Blvd Date signed 11/26/40

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

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.