No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 427

Registration District No. 791 — MAR FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 427

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: Firmin DeSloge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether

In this community 24 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ont

(c) City or town St. Louis 1722 (If outside city or town limits, write "RURAL")

(d) Street No. 2016 Hickory Street 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MAE BELLE VIRGIN

3. (b) If veteran, name war none

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 Benjamin

(c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 26 1892 (Month) (Day) (Year)

8. AGE: Years 48 Months 2 Days 17 If less than one day hr. min.

9. Birthplace New York City (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Benjamin H Virgin

(b) Address 2016 Hickory Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A W McLaughlin

(b) Address 2301 Lafayette Av. 8 44

19. (a) JAN 15 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1941 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan. 3 1941, 19 , to Jan. 13, 1941; that I last saw her alive on Jan. 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	6 mo.
Due to Hypertensive vascular disease	?
Due to coronary artery disease	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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 0

23. Signature E. Lee Shrader (M. D. ~~or other~~)

Address 3720 Washington Blvd Date signed 1-14-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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

If this body is not embalmed, fact should be so stated above.