

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 279

1. PLACE OF DEATH: St. Louis
 (a) County St. Louis
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Ridge Top Drive /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Mary Ann Waters
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced M. /
 6. (b) Name of husband or wife Granville A. Waters
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Unk. Unk. 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>Unk.</u>	<u>Unk.</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
 12. Name John P. Lynott
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Margelin Rice
 15. Birthplace Bohemia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Granville A. Waters
 (b) Address # 2 Ridge Top Drive

17. (a) Burial (b) Date thereof 2-7-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Louisiana Mo. 2/7/41

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) FEB - 5 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis 96
 (c) City or town Richmond Heights 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. # 2 Ridge Top Drive 3
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th.
 year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 17
 _____, 1933 to Feb 4, 1941;
 that I last saw her alive on Feb 3, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Serousy occlusion

Due to _____
 Due to 94 W

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations
 Of autopsy _____

Duration _____
 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)
 (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address 3720 Washington Date signed 2-5-41

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P.O. Address *3840 Lindell*

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, fact should be so stated above.