

No. 2  
4-13-40  
5-17-39  
I X23159

State File No.  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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

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:  
6677 Berthold Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

In this community.....  
years, months or days

3. (a) PRINT FULL NAME. Mary Ann Wayman

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. Widowed

6. (b) Name of husband or wife. P. D. Wayman

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

7. Birth date of deceased. Jan. 28 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 1 27 hr. min.

9. Birthplace. Spring Creek Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.....

12. Name. Unknown

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

14. Maiden name. Unknown

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

16. (a) Informant. Fred D. Wayman

(b) Address. 6677 Berthold Ave.

17. (a) Removal (b) Date thereof. 3/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Rolla, Mo.

18. (a) Signature of funeral director. Albert H. Hoppe

(b) Address. 4700 Washington Ave.

19. (a) MAR 26 1941 (b) J. J. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 400 17 9

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

(d) Street No. 6677 Berthold Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from March 23....., 19....., to March 25....., 1941.

that I last saw he alive on March 25....., 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Edema of Lungs 1 day

Due to: Decompensated heart

Due to: arterio-sclerosis

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

Major findings: ABC

Of operations.....

Of autopsy.....

PHYSICIAN: ABC

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 Dr. W. G. Owen (M. D. or other) D

Address 3833 Filson Date signed 3/26/41

**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.....

*Gay W. Wilkinson*

Licensed Embalmer No.....

*3575*

P. O. Address.....

**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.**