

FILED MAY 14 1941

STANDARD CERTIFICATE OF DEATH

State File No.

12511

Registrar's No.

2941

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yr. 8 mo 20 days
In this community 62 yrs. 4 mos. 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 000
(b) County 000
(c) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 588 1/2 Plymouth
(If rural, give location)
(e) Citizen of foreign country? 13 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY GAVER

3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex Female 5. Color or race White
6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Robert N. Gaver
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 18, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 15
If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Patrick O'Neal

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

14. Maiden name Margaret

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Sed

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. H. Stuehr

(b) Address St. Mary's Bldg.

19. (a) APR 28 1941 (b) J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1941 hour 5.30 minute A M.

21. I hereby certify that I attended the deceased from July 13, 1936 to April 1, 1941,
and that death occurred on the date and hour stated above.
that I last saw her alive on April 1, 1941, 19
Duration

Immediate cause of death Generalized Arteriosclerosis
7-13-36-x

Due to.....

Due to.....

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy YES

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 Paul T. Hartman (M. D. or other)

Address 5400 Arsenal St. Date signed 4-2-41

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

MOTHER FATHER

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..... *Bernard J. Street*

Licensed Embalmer No. *3510*

P. O. Address *1295 Young Blvd*

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.