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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17010

Registration District No. 791 Primary Registration District No. Registrar's No. 4528

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: 1021 Hamilton Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000

(c) City or town St. Louis 517
(If outside city or town limits, write "RURAL")

(d) Street No. 1021 Hamilton Ave. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY C. HIGHAM.

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 William C. Higham.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 31, 1870.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name George Harvey.
13. Birthplace ? (City, town, or county) England. (State or foreign country)

MOTHER
14. Maiden name Catherine Miller.
15. Birthplace ? (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mr. William C. Higham.
(b) Address 1021 Hamilton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-31-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) MAY 29 1941 (Date received local registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th.
year 1941. hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 15, 1941, to May 20, 1941;
that I last saw her alive on May 28, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma myocarditis	5 yrs
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Orville Quarter (M. D. or other) M.D.
Address 1194 Hodiamont Ave. Date signed 5/29/41

(Licensed Embalmer's Statement on Reverse Side)

Dr.Orville O.White.
1194 Hodiamont Ave.
Hours 1 to 4 P.M.
Telephone Cabanne 8755

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 3454 David C. Gibson, Registered Apprentice No. _____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Louis

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.