

FILED AUG 8 1941

Registration District No. 184

Primary Registration District No. 101

Registrar's No. 1507

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hours
(Specify whether
In this community 9 hours
years, months or days)

3. (a) PRINT FULL NAME Mary Blackwell
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 divorced
6. (b) Name of husband or wife own home 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 28, 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 20
If less than one day hr. min.

9. Birthplace St. Louis County, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home

MOTHER FATHER { 12. Name Louis Herzog
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Blackwell
(b) Address Peterson, Mo. R#10
17. (a) Burial (b) Date thereof 7/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Private Cem.
18. (a) Signature of funeral director Header Funeral Home
(b) Address Ballwin, Mo.

19. JUL 20 1941 2 P. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Ballwin C
(If outside city or town limits, write "RURAL")
(d) Street No. Highway 50 C
(If rural, give location)
(e) Citizen of foreign country? no / (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan 1 1940 to July 18 1941.
that I last saw her alive on July 18 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to senile changes
Due to none 932
Other conditions none 932
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations no operation
Of autopsy no operation

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 B.R. Loving (M. D. or other) Chas
Address Ballwin, Mo. Date signed 7-19-41

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.....

Chas. Schradew

Licensed Embalmer No.

3066

P. O. Address.....

Ballwin, Mo.

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.