

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8622**
Registrar's No. **2149**

FILED APR 8 1942 791

Registration District No. _____

Primary Registration District No. **1003**

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:
5317 VERNON 1
(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:

(a) State **MISSOURI** (b) County **5** **000**
(c) City or town **ST LOUIS** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **5317 VERNON** -
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **b**

3. (a) PRINT FULL NAME **MARY E. GREAVES**

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 **WIDOWED**

6. (b) Name of husband or wife **PETER GREAVES** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **DEC 22, 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace **ENGLAND** 4
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business _____

MOTHER FATHER { 12. Name **WILLIAM GRAHAM** 4

13. Birthplace **ENGLAND** 4
(City, town, or county) (State or foreign country)

14. Maiden name **ANN TRYING**

15. Birthplace **ENGLAND** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **WM. S. GREAVES**

(b) Address **5116 LEXINGTON AVE.**

17. (a) **BURIAL** (b) Date thereof **3-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK CEMETERY**

18. (a) Signature of funeral director **Shepard Funeral Home**

(b) Address **1167 Hamilton Ave**

19. (a) **MAR 9 1942** (b) **J. D. Probst**
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **7, 1942**
year **6** hour **40** minute **A-M**

21. I hereby certify that I attended the deceased from **3-6**
1942 to **3-7**, 19**42**;

that I last saw her alive on **3-7-42**, 19**42**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Labor penuria**

Due to _____

Due to _____

Other conditions **swife** 108
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **PB Cappel MD** (M. D. or other) **MD**

Address **3284** Date signed **3-9-42**

844 (Licensed Embalmer's Statement on Reverse Side)

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

10-1-12
LIC 2502

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 J. Wm. Dinkley
Licensed Embalmer No. 3653
P. O. Address Shelton, 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.