

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 yrs. 8 mos. 17 ds.  
In this community about 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_ 13 19  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4262 Humphrey St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY SOUTHARD

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 6, 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Leavenworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Richard Southard

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

14. Maiden name Mary E. Plaster

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

16. (a) Informant Records of City Sanitarium

(b) Address 5300 Arsenal, St. Louis, Mo.

17. (a) Burial (b) Date thereof 3/18/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) MAR 18 1942 (b) J. F. Bedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1942 hour 12:05 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 7-1-40 19 to 3-15-42 19  
that I last saw h. er alive on 3-15-42 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, left lower lobe with early abscess (non-tuberculous)  
Lobar (3-10-42)

Due to Arteriosclerotic Heart Disease (7-1-40x)

Due to Small subcortical hemorrhage (3-10-42)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Yes

Duration

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 J. R. Eidelman (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal St. Date signed 3/15/42

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

20  
17  
9

**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.....

Richard G. Hoffmeister

Registered Apprentice No. 291

working under my personal supervision.

Signed.....

*Edwin H. Seeburger*

Licensed Embalmer No. #059

P. O. Address 6464 Chippewa

**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.**