

FILED MAR 31 1942 84  
Registration District No. 200

Primary Registration District No. 200

Registrar's No. 630

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Berkley City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8911 Flavie  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 10 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Berkley City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8911 Flavie  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARY E. MILES

3. (b) If veteran, name war..... No  
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 John  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 1 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 17  
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name Taylor

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

14. Maiden name Unknown

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

16. (a) Informant Pearl Schutze

(b) Address 1110 Ferry

17. (a) Burial (b) Date thereof 3-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen + Kelly

(b) Address 7267 Natural Bridge

19. (a) MAR 20 1942 (Date received local registrar)  
C. H. McParrott (Registrar's signature) AK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18<sup>th</sup>  
year 1942 hour 1 A.M. minute A.M.

21. I hereby certify that I attended the deceased from July 15  
1938 to Mar 18 1942  
that I last saw him alive on 2/7/42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension 250/110  
Arteriosclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations.....

Of autopsy.....

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 5

23. Signature Em Bruns (M. D. or other)

Address 3500 Cambridge Date signed 3/18/42

Duration

2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Boston  
3500 Cambridge

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 Clement McManis  
Licensed Embalmer No. 3732  
P. O. Address 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, fact should be so stated above.

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