

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12103 ✓

State File No. _____

Registrar's No. 655

Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7228 Dartmouth
(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

3. (a) PRINT FULL NAME Mary Ann Soutar

3. (b) If veteran, name war. No.

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Soutar

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased. 9 - 3 - 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	18	_____ hr. _____ min.

9. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant O. W. Julius

(b) Address 625 Skinker Rd.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3 - 23 - 1942
(Month) (Day) (Year)

(c) Place: burial or cremation. Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) MAR 21 1942 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7228 Dartmouth Ave. 5
(If rural, give location)

(e) Citizen of foreign country? Yes. (Yes or No) 2

If yes, name country Scotland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from March 15 to March 21, 1942

that I last saw h. aw alive on March 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 Day

Due to Arterial Sclerosis 1 Year

Due to 83a1

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

Major findings: Of operations None

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature Scott Heuer M.D. (M. D. or other)

Address 634 N. Grand Blvd Date signed 3-21-42

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

STATEMENT BY LICENSED EMBALMER

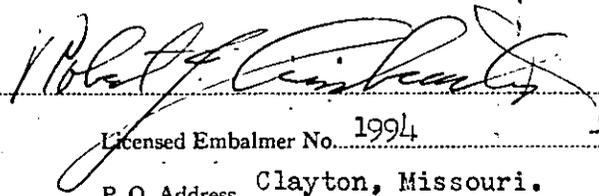
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Van Sizemore

....., Registered Apprentice No. 296

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri.

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.