

FILED JUN 22 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5018

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
St. Johns Hospital 0  
(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 Mo. (b) County.....  
 (c) City or town Richmond Heights NR. 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2104 Del Norte Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)   
 If yes, name country.....

3. (a) PRINT FULL NAME Mary G. Bair

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Louis Bair 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Feb. 18 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>3</u>	<u>20</u>	hr. min.

9. Birthplace Chester Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER {

12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Moore  
(b) Address 2104 Del Norte Ave.

17. (a) Burial (b) Date thereof 6-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cem.

18. (a) Signature of funeral director Drehmann-Harrah  
(b) Address 1905 Union Blvd.

19. (a) JUN 9 1942 (b) J. F. Brudeck  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 4th 1942 to June 8 1942 that I last saw her alive on June 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia with secondary intestinal hemorrhage 3 days

Due to.....

Due to General Arteriosclerosis Semility

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

Major findings: Of operations.....

Of autopsy Same as above

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?.....

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature Douglas A. Kies (M. D. or other) MD

Address 7166 Main @ Chester, Mo. Date signed 6/9/42

Mr. Wagner was present  
7:16 minutes  
2-5 PM

**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: Warren A. Carver  
Licensed Embalmer No. 3534  
P. O. Address.....

**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.