No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22841

FILED JUL 28 1942 791 791 1003

State File No. 6065

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 23 days (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 721
(If outside city or town limits, write "RURAL")

(d) Street No. 1816a Cole St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Horton

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

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Hartrick Horton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 (Month) 25 (Day) 1915 (Year)

8. AGE: Years 26 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Macon (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER
12. Name John Wayne
13. Birthplace _____ (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Eliza Lawary
15. Birthplace _____ (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Hartrick Horton
(b) Address 1816a Cole St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington PK.

18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, year 1942 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 28, 1942, to July 11, 1942; that I last saw her alive on July 11, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prob. T. B. Peritonitis	Unk.
Lungs not affected	
Due to	
Due to	
Other conditions (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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature S. E. Smith (M. D. or other)

Address 2601 N. Whittier Date signed 7/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.