

FILED AUG 6 1942 791

State File No. 6337

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
5008 Cates Avenue
(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 Missouri (b) County 17

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5008 Cates Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary C. Lighter

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

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

6. (b) Name of husband or wife..... Allen G. Lighter 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Aug. 2, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 23 If less than one day
hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER

12. Name James Traitor

13. Birthplace Not known 7
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Helm

15. Birthplace Maine 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Ward,
(b) Address 5008 Cates Avenue

17. (a) Burial (b) Date thereof July 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington

19. (a) III 27 1942 (b) J. J. Debeek
(Date received local record) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1942 hour 2 mi. 3 P.M.

21. I hereby certify that I attended the deceased from several yrs
July 20 1944 to July 25 1942
that I last saw her alive on 7/25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
Chronic myocarditis
intermyocardial
Due to Dehydrated by ch
infarction page

Due to.....

Other conditions (Include pregnancy within 3 months of death)
Major findings: 72 C
Of operations 102

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?.....
(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 Edw. P. Rappert (M. D. or other)
Address 4500 Olive St. Date signed 7/25/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Philip M. Gray*

Licensed Embalmer No. *3281*

P. O. Address *4468 Washington*

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.