

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

22952

State File No. ....

Registrar's No. 6663

Registration District No. 791

Primary Registration District No. ....

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

1. PLACE OF DEATH:

(a) County. St. Louis

(b) City or town. St. Louis

(c) Name of hospital or institution: 6981 Marquette 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community. None  
years, months or days

3. (a) PRINT FULL NAME Mary Charlotte Mize

3. (b) If veteran, name war No

3. (c) Social Security No. 740

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife William Mize

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased August 26 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Invalid Housewife

11. Industry or business

12. Name William Allen

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

14. Maiden name Matilda Mulligan Allen

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

16. (a) Informant Karl Myers

(b) Address 6981 Marquette

17. (a) Burial (b) Date thereof 8 8 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Jay B Smith  
7456 Manchester

(b) Address

19. (a) AUG 7 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 6981 Marquette  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th  
year 1942 hour 8 minutes 35 A. M.

21. I hereby certify that I attended the deceased from July 3, 1942, to Aug 6, 1942  
that I last saw her alive on Aug 8 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure

Due to Hypertension & Arteriosclerosis (chronic)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AS

Of autopsy

Duration 1 wk

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 A. T. Quinn (M. D. or other)  
Address 6917 Taylor Date signed 8/6/42

**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.....

*J. Burgess*

Licensed Embalmer No. 4029

P. O. Address.....

*Maplewood*

**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.**