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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23049

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6340

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: Enrout City Hosp #I 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Minutes (Specify whether years, months or days)
In this community 7I Years

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St Louis 9 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2804 a Elliott, Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary E Read
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Joe Joe Read
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 27 (Day) I87I (Year)

8. AGE: Years 7I Months 5 Days 28 If less than one day hr. min.

9. Birthplace Andersontown Indiana (City, town, or county) Indiana (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Sam Doctor
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Rose Kurtz
(b) Address 2804 a Elliott Av
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Goodhart + Goodhart
(b) Address 2228 STLouis Ave.
19. (a) JUL 27 1942 (Date received local registrar) (b) J. F. Medick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1942 hour 3:25 minute A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Sclerosis
Due to Arteriosclerosis
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? (a) Means of injury 3
23. Signature Alfred Gerry (M. D. or other)
Address Date signed 7/27/42

844 (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 B. W. Finn

Licensed Embalmer No. 1591

P. O. Address 4106 Botanic

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.