S. No. 2
1—9-4-41
v. 5-17-39
I- X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25895

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6727

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:
Jewish Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, Mo. 9 79
(If outside city or town limits, write "RURAL")

(d) Street No. 3663a Laclede
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Anne Hare

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August 3rd, 1942
(Month) (Day) (Year)

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business

FATHER
12. Name Dale Hare
13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Belle Flanigan
15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Dale Hare
(b) Address 3663a Laclede

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42
(Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) AUG 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1942 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Aug 1, 1942, to Aug 10, 1942
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to 2 mos.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? Means of injury 0

23. Signature [signature] (M. D. or other)

Address 610-13 Metropolitan Date signed 8/10/42

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.

No Embalming done

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grannis

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.