

Registration District No. **784** Primary Registration District No. **200**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Manchester**  
(c) Name of hospital or institution: **Pine Crest Nursing Home**  
(d) Length of stay: In hospital or institution **24.8 Days**  
In this community **24.8 Days**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **17**  
(c) City or town **St. Louis**  
(d) Street No. **4220 Glasgow**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **MARY THEOBOLD**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **November**, day **7th**, year **1942** hour **6** minute **45 P.M.**

4. Sex **Female** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Wid**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Mar - 31 - 1848**

21. I hereby certify that I attended the deceased from **October 30th**, 1942, to **November 7th**, 1942; that I last saw her alive on **November 7th**, 1942, and that death occurred on the date and hour stated above.  
Immediate cause of death **Chronic Myocarditis**

8. AGE: Years **94** Months **7** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to **93d**  
Other conditions **Ortani Sclerosis**  
Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

9. Birthplace **Watson** **Ill**  
10. Usual occupation **Retired Housewife**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **Unknown**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

16. (a) Informant **Pine Crest Nursing Home**  
(b) Address **Manchester Mo**

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? \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof **11-12-42**  
(c) Place: burial or cremation **Washington**

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director **W. R. Rulley**  
(b) Address \_\_\_\_\_  
19. (a) **NOV 30 1942** (b) \_\_\_\_\_ (c) \_\_\_\_\_

23. Signature **R. W. Jansen** (M. D. \_\_\_\_\_)  
Address **Manchester Mo** Date signed **11/9/42**

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

MOTHER FATHER

96  
80

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

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