

FILED APR 15 1943

Registration District No. **724**

Primary Registration District No. **101**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Anna Mayfield**

3. (b) If veteran, name war **?**

3. (c) Social Security No. **none**

4. Sex **female** / race **white**

5. Color or race **white**

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

6. (b) Name of husband or wife **Columbus Mayfield**

6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Nov. 7 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	17	_____ hr. _____ min.

9. Birthplace **Lutzville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **David J. Yunt**

13. Birthplace **unknown Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Edwards**

15. Birthplace **Unknown Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Masters**

(b) Address **St. Louis, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **3/26/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lutesville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **3-27-43** (Date received local registrar)

(b) **E. G. McGrew** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **University City**
(If outside city or town limits, write "RURAL")

(d) Street No. **6536 Julian Ave**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **24**, year **1943**, hour **6**, minute **:00 a.m.**

21. I hereby certify that I attended the deceased from **3-16-43**, 19, to **3-24-43**, 19;

that I last saw h. **er** alive on **3-24-43**, 19;

and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory & Cardiac failure**

Due to **Corbeller Turner**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **fld**

Of autopsy _____

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 **Henry S. Loggeman** (M. D. or other)

Address **St. Louis, Missouri** Date signed **3-24-43**

Duration **men**

month

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

G. W. Wilkinson

Licensed Embalmer No.....

3575

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.