

FILED JUN 4 1943 **318**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1723**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
6163 Westminister Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community..... **18 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No. **6136 Westminister Place**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Mary H. Bromley**

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21st** year **1943** hour **1⁴⁵** minute **08** M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Wayne K.** 6. (c) Age of husband or wife if alive..... years

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

21. I hereby certify that I attended the deceased from **April 24** 19**43** to **May 21** 19**43** that I last saw her alive on **May 20** 19**43** and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral Thrombosis** Duration 2000

8. AGE: Years **about 68** Months Days If less than one day
hr. min.

Due to.....

Due to.....

Other conditions **Cerebral Thrombosis**
(Include pregnancy within 3 months of death)

9. Birthplace **Paris** **Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Joseph Hedges**

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

14. Maiden name **Sarah Bedford**

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

16. (a) Informant **James H. D. Rouders**

(b) Address **5591 Lindell Blvd**

17. (a) **Burial** (b) Date thereof **5/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Wagoner Und. Co.**

(b) Address **3621 Olive Street.**

19. (a) **MAY 22 1943** (b) **J. R. Brebeck**
(Date received local registration) (Registrar's signature)

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?

While at work?.....
(Specify type of place) (e) Means of injury

23. Signature **Herbert G. ...** (M. D. or other)
Address **899 ...** Date signed **May 27**

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

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

Melvin L. Kemper

Licensed Embalmer No. *4052*

P. O. Address. *4005 Lexington*

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.