

S. No. 2
M-5-42
7-5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1943
317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18916
State File No. 1142
Registrar's No.

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights Missouri
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: 4 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4053 Botanical Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MARY A. AYERS

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased. September 16 1883

8. AGE: Years Months Days If less than one day
59 7 17 hr. min.

9. Birthplace. St. Louis, Missouri

10. Usual occupation. House-work

11. Industry or business. At Home

12. Name. John W. Ayers

13. Birthplace. New Jersey

14. Maiden name. Mary Mc Court

15. Birthplace. St. Louis, Missouri

16. (a) Informant. Edward Ayers

(b) Address. 2111 A. Cherokee St.

17. (a) Burial (b) Date thereof. May 17 1943

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Wm. J. Robert

(b) Address. 1905 South Grand Blvd.

19. (a) MAY 16 1943 (b) Ed. Mc Larson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from May 10 1943 to May 13 1943
that I last saw her alive on May 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion

Due to hypertension
Due to Chor. Myocarditis

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

Major findings: Of operations. Of autopsy. 93d

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?

While at work? (Specify type of place) Means of injury.
23. Signature John W. Council (M. D. or other) Date signed 5/13/43

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

John Hetter

Licensed Embalmer No.....

3880

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.