S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23270

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6954

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

1. PLACE OF DEATH:
(a) County ST. LOUIS. MO.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE CITY HOSP. 3 #1.
(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 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI. (b) County 000 12
(c) City or town ST. LOUIS. 9 (If outside city or town limits, write "RURAL")
(d) Street No. 1931A. MAIDEN LANE ST. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CAROLINE ANN MAYO.
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
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 years
7. Birth date of deceased OCT. 5TH 1942 (Month) (Day) (Year)
8. AGE: Years Months 9 Days 25 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation CHILD
11. Industry or business
FATHER 12. Name JAMES MAYO
13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARGARET SCHEIBLE
15. Birthplace INDIANA. (City, town, or county) (State or foreign country)
16. (a) Informant Margaret Mayo
(b) Address 1931 Maiden Lane
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 2ND-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brockland and Co
(b) Address 1827 HOGAN STR.
19. (a) JUL 31 1943 (Date received local registrar) (b) J. T. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30TH year 1943. hour 4.30 minute P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Malnutrition
Due to Gastro Enteritis
Due to
Other conditions (Includes pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F. Callaman (M. D. or other)
Address Deputy Coroner Date signed 7-30-43

(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.

Signed J. Allen Davis Jr.

Licensed Embalmer No. 2053

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.