

V. S. No. 2  
FORM-2-4  
Rev. 5-17-40  
P1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29318

State File No. \_\_\_\_\_  
Registrar's No. 1893

MAILED AUG 21 1943  
317

Registration District No. \_\_\_\_\_ Primary Registration District No. 3068

1. PLACE OF DEATH:  
(a) County St Louis County - Maplewood  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two Weeks  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 000  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 111 Bellrieve (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary C. James  
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 9th year 1943 hour 9:30 minute P. M.  
21. I hereby certify that I attended the deceased from Dec 25th, 1924 to Aug 8th, 1943  
that I last saw her or alive on Aug 8th, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Dr Tiemon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death  
Chc Myocarditis  
Chc Arteritis for manis  
Due to arterio sclerosis

7. Birth date of deceased March 25th, 1855  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 88 Months 4 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

9. Birthplace Washington Co Missouri  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Michel Flynn  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature A. W. Steer M.D. or other \_\_\_\_\_  
Address 3606 Beavair Date signed \_\_\_\_\_

14. Maiden name Clarissa Wilkerson  
15. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Wittwer  
(b) Address 111 Bellrieve  
17. (a) Burial (b) Date thereof 8/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Potosi Missouri

18. (a) Signature of funeral director Oscar J. Hoffmeister  
(b) Address 4016 Chippewa  
19. (a) Aug 20 1943 (b) A. W. Steer  
(Registrar's signature)

Duration  
20 yrs  
24 yrs  
18 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

96  
35

**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 *Ernest W. Spillars*

Licensed Embalmer No. 4080

P. O. Address 3836 Botanical

**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.**