

No. 2
-5-43
5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40229
State File No. _____
Registrar's No. **11037**

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(d) Length of stay: In hospital or institution **6 days**
In this community **Unknown**

2. USUAL RESIDENCE OF DECEASED: **1003**
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,**
(d) Street No. **2124a Clark**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Mary Ella Mangart,**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **11,**
year **1943** hour **10** minute **30** A. M.
21. I hereby certify that I attended the deceased from **December**
5, 19 **43** to **December 11,** 19 **43**

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **17 9**
6. (b) Name of husband or wife **Patten Badgett** 6. (c) Age of husband or wife if alive **Not known**
7. Birth date of deceased **Not known**

that I last saw her alive on **December 11,** 19 **43**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Hemorrhage** Duration **6 days**

8. AGE: Years **abt 53** Months **7** Days **2** If less than one day _____ hr. **2** min.

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

9. Birthplace **Marion, Mo.** (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation **Housewife**
11. Industry or business **Housewife**
12. Name **Loring**
13. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____
14. Maiden name **Mary Minkles**
15. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant **Tom Robinson**
(b) Address **2923 Lora St**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **12-14-43**
(c) Place: burial or cremation **at Dealer car.**
18. (a) Signature of funeral director **J. J. Brueck**
(b) Address **2430 Lathrop**
19. (a) **DEC 13 1943** (Date received local registrar) (b) **J. J. Brueck** (Registrar's signature)

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 **J. E. Smith** (M. D. or other) _____
Address **2201 Whittier** (Date signed **12/13/43**)

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

844

(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: *Frank Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

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.