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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 49875

Registrar's No. 11219

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 173

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 LAMI
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Vincent

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife THOMAS VINCENT

6. (c) Age of husband or wife if alive years 25—1882

7. Birth date of deceased JUNE (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 29 If less than one day hr. min.

9. Birthplace MISSOURI 0 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

FATHER
12. Name NAPOLEON RAMO
13. Birthplace MO 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA WIGGER.
15. Birthplace MO. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. Huettger
(b) Address 1407 Grattan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director E. J. Johnson
(b) Address 3125 Lafayette Av

19. (a) DEC 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14. year 1943 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from December 10. 1943, to December 14. 1943 that I last saw her alive on December 14. 1943 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral thrombosis

Due to

Due to

Other conditions Pneumonia (bronchial)
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 John Pope (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 12/15/43

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

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.