

No. 2
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5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5622

State File No.

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. **1556**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **96**
(c) City or town **Richmond Heights.** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **7418 Harter Ave**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Marion M. Ray**
3. (b) If veteran, name war **None**
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **15**
year **1944** hour **12** minute **20** A.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.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Glenn**
6. (c) Age of husband or wife if alive **37** years
7. Birth date of deceased **July 5, 1911**
(Month) (Day) (Year)

Immediate cause of death **Bowel Obstruction** Duration
Shock. Ether Anesthesia
during an operation for
Due to **Bowel Obstruction due to**
Adhesions at Firman Desloge
Due to **Hospital on 2-14-44**
at about 10:20pm
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
32 **7** **10** hr. min.

9. Birthplace **Glenwood MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Wm. Phillips**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Jensine**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glenn Ray**

(b) Address **7418 Harter Ave Richmond Hts.**

17. (a) **Burial** (b) Date thereof **Feb. 19, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave Maplewood, Mo.**

19. (a) **FEB 17 1944** (b) **J. F. Buddeck**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations **195-8**
Of autopsy **111**
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) **100**
(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.....
Signature **Alfred Perry** (M. D. or other) **3**
Address **Superior** Date signed **2/17/44**

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.