

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12687
Do not use this space.

FILED APR 20 1944

318

3309

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 0 Mo. Baptist Hospital St. 17
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 9

2. PRINT FULL NAME Mary Monica David.

(a) Residence, No. 1522 Hodiamont Ave. St. (If nonresident, give city or town and State) 6
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norman David

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1896.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Charles, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Robert Winkle
14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Adrain
16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Norman David (ADDRESS) 1522 Hodiamont Ave.,

18. BURIAL, CREMATION, OR REMOVAL to Sts. Charles, Mo. DATE April 12/44.

19. FUNERAL DIRECTOR (NAME) Jos. W. Clark, (ADDRESS) 1125 Hodiamont Ave.,

20. FILED APR 10 1944 J. F. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1944

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1944, to April 8, 1944.
I last saw her alive on April 8, 1944. Death is said to have occurred on the date stated above, at 2:04 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolus Date of onset 4/8-44
63
Other contributory causes of importance: Toxic Adenoma - Indefinite

Name of operation Thyroidectomy Date of
What test confirmed diagnosis? Clement Was there an autopsy? No
Baral metal

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jos. W. Clark M. D.
(Address)

THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JAN 16 1950

Dr. John Hayward
Mopt. Bldg.

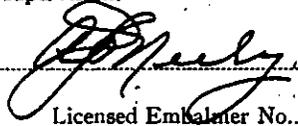
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3225

P. O. Address 1125 Hodiemont Ave.,

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, above space should be left blank.