. S. No. 2
0M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26387

FILED AUG 25 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7234

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4037 Magnolia Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town City of St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4037 Magnolia Avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mabel Lay

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Arthur N. Lay

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

7. Birth date of deceased September (Month) 7 (Day) 1884 (Year)

8. AGE: Years 59 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business at home

FATHER
12. Name Barrett
13. Birthplace (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Arthur N. Lay
(b) Address 4037 Magnolia Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 South Grand Blvd.

19. (a) AUG 19 1944 (Date received local registrar) (b) J. F. Breach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1944 hour 4 pm minute M.

21. I hereby certify that I attended the deceased from June 10th, 1942 to Aug. 17, 1944
that I last saw her alive on Aug. 17, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	½ hr
Due to: Chr. Myocarditis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Burton B. Lawson (M. D. or other) M.D.
Address 2602 So. Grand Date signed 8/17/44

(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 Virgil R. Berryman

Licensed Embalmer No. 4018

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.