

Filed for Registration District No. **27 19418**

Primary Registration District No. _____

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

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days.
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1023 Frey
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Catherine Boatright

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 26, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 9 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Richard Boatright
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Nozzie Boatright
15. Birthplace Louisiana (City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 12-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Peteri mo. G. L. Sparks

(b) Address _____
19. (a) DEC 13 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1944 hour 4:35 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 17, 1944
to Dec. 5, 1944
that I last saw her alive on Dec. 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death rupture of a meningococcal
Due to congenital malformation

Other conditions hydrocephalus
(Include pregnancy within 6 months of death)

Major findings: Of operations _____ Of autopsy _____
157^a

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 R. W. Maxwelder (M. D. or other) _____
Address 5800 Arsenal St. Date signed 12-5-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10625

10625

Not Embalmed

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.....

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.