

FILED JAN 20 1945 318

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

196

## 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:  
1025 A Park Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None (Specify whether  
 In this community..... 26 Years  
 years, months or days)

3. (a) PRINT FULL NAME Mary Lucille Lylene3. (b) If veteran, name war..... No 3. (c) Social Security No..... No4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed6. (b) Name of husband or wife Alfred 6. (c) Age of husband or wife if  
 alive..... years7. Birth date of deceased..... July 4 1904  
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
40 6 0 hr. min.9. Birthplace Bellview Mo. Missouri  
 (City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business At Home

MOTHER FATHER  
 { 12. Name Charles Vivian  
 { 13. Birthplace Bellview Mo. Missouri  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Josephine Campbell  
 { 15. Birthplace Bellview Mo. Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Vivian(b) Address 1025 A Park Ave.17. (a) Burial (b) Date thereof 1/9/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Matthews18. (a) Signature of funeral director A. W. McLaughlin(b) Address 2301 Lafayette Ave.19. (a) JAN 9 1945 J. F. Budiek  
 (Date received local registrar) (Registrar's signature)

## 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. 1025 A Park Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... No (Yes or No)  
 If yes, name country..... N

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4  
 year 45 hour 9 minute 20 P. M.21. I hereby certify that I attended the deceased from  
Dec 15 1944 to Jan 4 1945  
 that I last saw her alive on Jan 4 1945  
 and that death occurred on the date and hour stated above.Immediate cause of death  
Pneumonia  
 Due to.....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?While at work?..... (Specify type of place)  
 (e) Means of injury.....  
 23. Signature J. F. Budiek (M. D. or County)  
 Address 1116 S. Grand Date signed Jan 9 1945

**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 L. H. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**