

FILED MAR 14 1945
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3614 N 11th Street**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mary Ellen Wren**
 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 **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Dec 9 1943**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **26th**
 year **1945** hour **3:45** minute **4** M.
 21. I hereby certify that I attended the deceased from **2/23/45**
 _____, 19____, to **2/26/45**, 19____;
 that I last saw h. **er** alive on **2/26/45**, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
1	2	17	hr. _____ min.

Immediate cause of death
Pneumonia, Terminal /day
 Due to **Lowered resistance from Diabetes + Altered Media**
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: **119**
 Of operations _____
 Of autopsy **Pneumonia**

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
MOTHER FATHER
 12. Name **Billie Wren**
 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
 14. Maiden name **Loretta Holler**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

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)
 Means of injury _____

16. (a) Informant **Billie Wren**
 (b) Address **3614 N. 11th Street**
 17. (a) **Burial** (b) Date thereof **Feb 28 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Lake Charles Cem.**
 18. (a) Signature of funeral director **Leidner Und Co.,**
 (b) Address **2223 St. Louis Ave**
 19. (a) **FEB 27 1945** (b) **H. Medesh**
(Date received local registrar) (Registrar's signature)

23. Signature **H. J. Lawler** (M. D. or other) _____
 Address **4515 Lafayette** Date signed **2/26/45**

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..... *John P. Buchholz*.....

Licensed Embalmer No. *167*.....

P. O. Address *2223 St. Louis*.....

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.