

7. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14636

FILED APR 23 1945

Primary Registration District No. 3064

Registrar's No. 271

1. PLACE OF DEATH St. Louis

(a) County St. Louis

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

(c) Name of hospital or institution:  
432 Darst Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")

(d) Street No. 432 Darst Road  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MEDORA WASH

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 11 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

94 4 5 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Judge Robert Wash

13. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Taylor

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Page Hereford

(b) Address 303 N. Elizabeth, Ferguson

17. (a) Burial (b) Date thereof 3 26 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pellefontaine Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) MAR 27 1945 (b) E. G. McQueen MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd  
year 1945 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from 2/2 1940 to 3/23 1945  
that I last saw her alive on 3/23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due arteriosclerosis  
Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings:  
Of operations 9381

Of autopsy \_\_\_\_\_

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 E. G. McQueen MD (M. D. or other) MD  
Address Ferguson Mo Date signed 3/24/45

(Licensed Embalmer's Statement on Reverse Side)

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

76  
66  
2

Dr. C. O. Hughes  
9a S. Howardant Rd.  
St. Louis, Mo.

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

*Thomas R. Jewnik*

Licensed Embalmer No. 3793

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.