. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1945

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21439

Registrar's No. 1578

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 9953 Luna
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 9953 Luna
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mary Ellen Wilson

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 Widow

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased October (Month) 24 (Day) 1869 (Year)

8. AGE: Years 75 Months 7 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Henry Johnson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Alma Henne

(b) Address 9953 Luna

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JUN 18 1945 (Date received local registrar) (b) E. G. McGovran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1945 hour 9.00 minute A. M.

21. I hereby certify that I attended the deceased from 3/24/39 ....., 19..., to 6/6/45, 19...; that I last saw her alive on 6/6/45 in Clinic, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	several hours
Due to Coronary artery disease	several years
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 Milton A. Spitz (M. D. or other)

Address 6015 S. Brentwood Date signed 6/18/45

(Licensed Embalmer's Statement on Reverse Side)

707

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 George N. Archambault, Registered Apprentice No. XXXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.