S. No. 2
M—2-43
v. 5-17-39
P-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28992

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8493

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: 223 Robert ave. /
(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 000

(c) City or town St.Louis 171
(If outside city or town limits, write "RURAL")

(d) Street No. 223 Robert ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mayme English

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Fema le /

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 18 (Day) 1870 (Year)

8. AGE: Years 75 Months 7 Days 11 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs.C.J.Slattery
(b) Address 8927 Tudor ave. Overland,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.2,1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&L.Co.
(b) Address 7814 S.Broadway

19. (a) OCT 1 1945 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29 year 1945 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from 1943, 19, to 9-29-45; that I last saw him alive on 9-29-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Pneumonia

Due to

Due to

Other conditions 1091
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature W.W. Bodes (M.D. or other) M.D.

Address 7602 S. Broadway Date signed 10/1/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Eades

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.