

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. **39417**
Registrar's No. **10885**

FILED JAN 5 1946
318

Registration District No. _____

Primary Registration District No. **1003**

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:
3962a Mc Ree 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

3. (a) PRINT FULL NAME **Mary Land**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Moses**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 22 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **20**
If less than one day _____ hr. _____ min.

9. Birthplace **Phillips County MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **At Home**

12. Name **William Medlock**
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name **Abergil White**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Land**

(b) Address **3962a Mc Ree Ave**

17. (a) **Burial** (b) Date thereof **12 15 45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leasberg MO**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 So. Kingshighway**

19. (a) **DEC 14 1945** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3962a Mc Ree Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12**
year **1945** hour **10.45** PM minute _____ M.

21. I hereby certify that I attended the deceased from **Sept-27**
1945 to **Dec-7** **1945**
that I last saw him alive on **Dec 7** **1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **Thrombosis**

Due to _____
Other conditions **Infarction**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(a) Means of injury _____
23. Signature **G. A. Scott** (M.D. or other) **DR.**
Address **4356 Manchester** Date signed **12-21-45**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DR C L Scott

7356 Manchester
Jc 9689

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address:

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.