

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH
1003

State File No. **39673**
Registrar's No. **10361**

Registration District No. **318** Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to Homer G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years 3 (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2433 Dickson St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ray
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, 2 divorced WIDOW
(b) Name of husband or wife _____ (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased December 19 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 12
year 1945 hour 11:30 minute _____ P.M.
21. I hereby certify that I attended the deceased from 9-1-45
_____, 19____, to 12-12-45, 19____
that I last saw her alive on 12-12-, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 11 23 _____ hr. _____ min.

Immediate cause of death _____
Due to Myocardial infarction from 3m
Chr Myoc
Due to none 93d
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Mr. Davis
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Edna Davis
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Stephenson
(b) Address 1655 Cole St.

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?

17. (a) Burial (b) Date thereof 12/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature John P. [unclear] (M.D. or other)
Address 2328 Shaw Ct St. Date signed _____

18. (a) Signature of funeral director J. F. Bredbeck
(b) Address 2820 Stoddard St.
19. (a) DEC 17 1945 (Date received local registrar)
J. F. Bredbeck (Registrar's signature)

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

L. Boylston

Registered Apprentice No.

M

working under my personal supervision.

Signed

Lornie Boylston

Licensed Embalmer No.

294B

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.