S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11046

State File No. 2567

Registration District No. 318 — Primary Registration District No. 1005 — Registrar's No.

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: St Lukes Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Louis 96
(c) City or town: Maplewood (If outside city or town limits, write "RURAL") 5
(d) Street No. 7343 Lakewood (If rural, give location) NR 2
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Rae May Dayball
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: Joseph Dayball
6. (c) Age of husband or wife if alive: Dec years
7. Birth date of deceased: May (Month) 26 (Day) 1877 (Year)
8. AGE: Years 68 Months 9 Days 18 If less than one day hr. min.
9. Birthplace: Rura (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: NR
MOTHER FATHER
12. Name: Martin Barfeld
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Martha Weinheimer
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Vilma Dayball
(b) Address: 7343 Lakewood
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 3-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem
18. (a) Signature of funeral director: Louis H Bapp Jr
(b) Address: Kirkwood, Mo
19. (a) MAR 18 1946 (Date received local registrar) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1946 hour 6 minute 50 P. M.
21. I hereby certify that I attended the deceased from Dec. 22, 1941, to March 14, 1946, that I last saw her alive on March 14, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	7½ hours
Due to: Myocardial damage	
Due to: Myocardial Infarction	
Other conditions (Include pregnancy within 3 months of death): Chronic Lymphatic Leukemia	
Major findings: Coronary Thrombosis October 1945.	
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: David M. Shilling Jr. (M. D. or other) M.D.
Address: 4500 Olive Street Date signed 3-15-46

(Licensed Embalmer's Statement on Reverse Side)

2587

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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address....Kirkwood 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.