

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11549**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2189**

FILED MAR 18 1946

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:
3221 A DELOR ST.
(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 Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3221 A Delor St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY PRINCE
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. SEPT. 7th 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4th
year 1946 hour 2 20 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from 8/23 1938 to March 4 1946
that I last saw her alive on March 3 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis? Duration _____
938

8. AGE: Years Months Days If less than one day
58 5 27 hr. _____ min.

Due to _____
Due to _____

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Pencil Clip Operator

Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Louis Gillman
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Katherine Rieser
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

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? _____

16. (a) Informant Joseph Prince
(b) Address 7028 Florence Pl. Jennings Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7th 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Shoote & Sons
(b) Address 2906 Gravois Ave.
19. (a) MAR 6 1946 (Date received from registrar) J. F. Bredek (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature Paul P. Davis (M. D. or other) _____
Address 1406 S-50 Grand Date signed 3/5/46

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Leo J. Budd

Licensed Embalmer No. *3989*

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.