

FILED MAR 27 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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:
22 Westmoreland Pl.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community XX Lifetime
years, months or days)

3. (a) PRINT FULL NAME Mary B. Ray

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. Lansing Ray 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 21 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>25</u>	hr. _____ min.

9. Birthplace Sioux City Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Elzey G. Burkham

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Smith

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant E. Lansing Ray

(b) Address 22 Westmoreland Pl.

17. (a) Burial (b) Date thereof 3/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) MAR 19 1946 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
12
 (d) Street No. 22 Westmoreland Pl.
(If rural, give location)
9
 (e) Citizen of foreign country? No. (Yes or No)
0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
 year 1946 hour 12.50 minute AM.

21. I hereby certify that I attended the deceased from Dec 12, 1933 to March 16, 1946
 that I last saw her alive on March 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hour

Due to Chronic hypertensial heart disease 4 years

Due to hypertensia + arterio sclerosis 12 years

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

Major findings: 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature Loellin Dick (M.-D. or other) _____
 Address 2220 Washington Ave Date signed 3-18-46

SEP 27 1956

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 Neville R. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell

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.