

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

2100

1. PLACE OF DEATH:

(a) County ST. LOUIS MO  
(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: 3215 A NEBRASKA  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 62 YEARS  
In this community 62 YEARS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 200  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL") 240  
(d) Street No. 3215 A NEBRASKA  
(If rural, give location) 3  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

MARY G. RA

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1  
year 1946 hour 10 minute 20 P.M.  
21. I hereby certify that I attended the deceased from VA. U  
10, 1946, to Mar 1, 1946  
that I last saw her alive on Feb 26, 1946  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married 2 divorced WIDOW  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased: MAY (Month) 19 (Day) 1861 (Year)

Immediate cause of death Coronary Renal Vascular disease  
Due to Terminal Ulcering

8. AGE: Years 84 Months 9 Days 19 If less than one day hr. min.

Due to 121  
Other conditions (Include pregnancy within 3 months of death).....

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

10. Usual occupation HOUSE WIFE

11. Industry or business.....

MOTHER FATHER { 12. Name GAMBRILL  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9  
14. Maiden name MATHILDA PARRISH (City, town, or county) (State or foreign country) 9  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

Major findings: Of operations 121  
Of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant GRACE REEDER  
(b) Address 3215 A NEBRASKA  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 4 1946 (Month) (Day) (Year)  
(c) Place: burial or cremation ST. MATTHEW'S CEM

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?.....

18. (a) Signature of funeral director Thos. Katiador  
(b) Address 2906 GRAVOIS  
19. (a) MAR 4 1946 (Date received local registrar) J. F. Medesh (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury 0  
23. Signature Ch. C. Fowler (M. D. or other) Address 3115 Grand Date signed 3/2/46

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

**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..... *Geo J. Budde* .....

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.**