

No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUN 13 1946
318

STANDARD CERTIFICATE OF DEATH
1003

Registrar's No. 1060

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. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 030

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4908 Euclid Terrace
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) g
If yes, name country _____

3. (a) PRINT FULL NAME Infant Mayberry

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 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 29th, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1946 hour 10 minute 30 P.

21. I hereby certify that I attended the deceased from birth
May 29th, 1946 to Death May 29, 1946
that I last saw her alive on May 29th, 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
			<u>2</u> hr. _____ min.

Immediate cause of death: Valvular Heart Disease 2 hrs.

Prematurity 7 months

Due to Gestation

Due to _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Other conditions Premature 7 Mo Gest.
(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Constine Mayberry

13. Birthplace Fort Dodge, Iowa
(State or foreign country)

14. Maiden name Marilyn Orceilus

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Constine Mayberry

(b) Address 4908 Euclid Terrace

17. (a) Burial (b) Date thereof 5/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayberr Cem. Avon, Mo.

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 J. F. Bradley

(b) Address 2849 So. Euclid

19. (a) JUN 3 1946 (b) J. F. Bradley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

Signature D. W. A. Walter, M.D. (M, D, or other)

Address 3608 S. Grand Blvd. Date signed 5/31/46

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

17574

Dr. Wm. H Walters

780 ... 3608 South Grand

LA. 78917

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.....

Robert L. Brinkman

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

3563

.....
P. O. Address.....

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.