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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25504

FILED JUL 22 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6107

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town St. Louis (12)
(If outside city or town limits, write "RURAL")

(d) Street No. 5861 Page Boulevard.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jean D. Mahaffy.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Robert Mahaffy.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased December 8, 1848. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
97	7	2	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER

12. Name John Wakeham.

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

14. Maiden name Anna Davis.

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

16. (a) Informant Mrs. Anna M. Davis.

(b) Address 5861 Page Boulevard.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-1946. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JUL 11 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th. year 1946. hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6/21, 1946, to 7/10, 1946, that I last saw her alive on 7/9, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 1 wk.

Due to Surgical neck R Humerus 19 days

Due to at home

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall

(b) Date of occurrence 6-21-46

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature F. L. Morse (M.D.)

Address 607 N. Grand Date signed 7/15/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. L. Morse.
University Club Building.
Hours
Telephone Jefferson 6114

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.....Ronald Yahnke

Licensed Embalmer No.....3917

P. O. Address.....St Louis

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.