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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7375

Registration District No. FILED MAR 14 1947 Primary Registration District No. 6076 Registrar's No. 558

1. PLACE OF DEATH:

(a) County St Louis Co

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

(c) Name of hospital or institution: Halls Ferry Rd Memorial Home (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 Mo (b) County St Louis

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 1622 Glen Court Ave Co (If rural, give location) St Louis

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary A. Eads

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Eads

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

7. Birth date of deceased July (Month) 1 (Day) St (Year) 1867

8. AGE: Years 80----- Months 8 -- Days 11 -- If less than one day ..... hr. ..... min.

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

10. Usual occupation House Work

11. Industry or business .....

FATHER
12. Name A Breadon
13. Birthplace Vienna Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name M Schockly
15. Birthplace Vienna Mo (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Eads Co

(b) Address 1622 Glenn Court St Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 Th (Month) (Day) (Year)

(c) Place: burial or cremation Vienna Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th St Louis

19. (a) 3-13-47 (Date received local registrar) (b) Ruth J Allen MD (Registrar's signature) MSG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12 year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 20, 1946 to Mar 12, 1947 that I last saw her alive on Mar 12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to — 93%

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature Nellie S Graves (M. D. or other)

Address 2739 - N. Grand Date signed 3-12-47

(Licensed Embalmer's Statement on Reverse Side)

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 Yohnke

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.