

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:  
(a) County Galloway  
(b) City or town W. Fulton  
(c) Name of hospital or institution State Hospital No. 1  
(d) Length of stay: In hospital or institution 1 month 28 days  
In this community same

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Overland  
(d) Street No. 2703 S. W. St.  
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME MARY TACKER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month 7 day 15 year 1947 hour 8 minute 10 P.M.  
21. I hereby certify that I attended the deceased from 7-14-47 to 7-18-47, 1947; that I last saw her ER alive on 7-15-47, 1947; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Joseph T. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) 11 (Day) 28 (Year) 1891

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

8. AGE: Years 55 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Lobar Pneumonia.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace St Louis Mo. (City, town, or county) (State or foreign country) MO  
10. Usual occupation Housewife

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: 108  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name John G. Grabb  
13. Birthplace England (City, town, or county) (State or foreign country) 4  
14. Maiden name C. Sara D. Swack  
15. Birthplace Canada (City, town, or county) (State or foreign country) 2

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

16. (a) Informant Hospital Records  
(b) Address F. Fulton Mo.  
17. (a) Burial (b) Date thereof July 18/47  
(c) Place: burial or cremation St. Elizabeth's Eg.  
18. (a) Signature of funeral director Geo. L. Neuberger  
(b) Address 5066 Eastern Ave  
19. (a) July 16 1947 (b) Joseph Morawickhoff  
(Date received local registrar) (Registrar's signature)

Signature J. P. Prier (M.D. or other) 44 P  
Address Fulton Mo. Date signed 7/15/47

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

4  
1  
2

109 2/27/47

Date Filed 2/27/47

District File Number

District Health Officer No. 9

RECEIVED

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 Clarence McHenry

Licensed Embalmer No. 3732

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.