. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25609

FILED AUG 4 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 6994

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

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: 5176a Page Blvd.
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5 5176a Page Blvd. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mabel Jane Hearle

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 2, (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	23	hr. min.

9. Birthplace (City, town, or county) England 4 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Richard James Hearle
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Susan Wright Nott
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Miss Ethel Hearle
(b) Address 5176a Page Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUL 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1947 hour 7:50 minute P.M.

21. I hereby certify that I attended the deceased from July 21, 1947 to July 25, 1947
that I last saw her alive on July 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (Apoplexy)

Due to Arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
4 Days
years

PHYSICIAN
Underline the cause of 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 0

23. Signature J. L. Marder M.D. (M. D. or other)

Address 3155 N. Vandeventer Date signed 7-26-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. L. Marder (1-3)
3155 Vanderventer

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 Warren A. Carver

Licensed Embalmer No. 3534

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.