. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25964

Registrar's No. 7091

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: St. Anthonys Hosp.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay 23 6
(If outside city or town limits, write "RURAL")
(d) Street No. 9956 Lark 0
(If rural, give location) NR 1
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY RAGER
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 married
6. (b) Name of husband or wife Guy Rager
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July (Month) 12 (Day) 1911 (Year)

8. AGE: Years 36 Months 0 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation house wife
11. Industry or business at home

MOTHER FATHER:
12. Name John Williams
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Nora Schwartz
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Guy Rager
(b) Address 9956 Lark Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Mo. (Motor)
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) JUL 31 1947 (Date received local registrar) (b) J. F. Brenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 7 minute 00 A.M.
21. I hereby certify that I attended the deceased from 7/16/47, 19..., to 7/30/47, 19...; that I last saw her alive on 7/30/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilatation of heart	5 mins
Due to: Asthma- Bronchial	7-8 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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

23. Signature Elw Simpson (M. D. or other) M.D.
Address 3739 Gravois Date signed 7/30/47

Jefferson City Printing Co.

(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 Olivej E Fendler

Licensed Embalmer No. 4148

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.