No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947 #77812

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32714

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8936

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3925a McRee Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Lamay
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 Divorced
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 69 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Canada (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wm. D. Moore
(b) Address 4001a Chouteau Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6633 Clayton Road
19. (a) SEP 25 1947 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1947 hour 6:45 minute A M.
21. I hereby certify that I attended the deceased from 9/23/47, 19..., to Sept. 24th 1947 that I last saw him alive on Sept. 24th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Secular aneurysm of ascending portion & arch of aorta
Due to congestive failure & uremia
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 John R. Loughead, M.D. (M. D. or other)
Address 1515 Lafayette Date signed 9/24/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JOHN R. LOUGHEAD

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.