

1/47
17-39

FILED FEB 9 1948
Registration District No. **3063**

Primary Registration District No. **3063**

Registrar's No. **198**

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

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **CLAYTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 DAYS**
(Specify whether
In this community **27 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**
(c) City or town **REYNOLDS HEIGHTS**
(If outside city or town limits, write "RURAL")
(d) Street No. **8103 DUMAS**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ETHEL MONDAINE**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **F** 5. Color or race **COL** 6. (a) Single, widowed, married, divorced **SEPARATED**
6. (b) Name of husband or wife **CARTER MONDAINE** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **7 1 1903**
(Month) (Day) (Year)

8. AGE: Years **44** Months **6** Days **20** If less than one day
hr. min.

9. Birthplace **HATTIESBURG MISSISSIPPI**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

12. Name **JOHN BAYANT**

13. Birthplace **MOBILE ALABAMA**
(City, town, or county) (State or foreign country)

14. Maiden name **REEMEE ANDREWS**

15. Birthplace **MISSISSIPPI**
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN HARRY**

(b) Address **8100 DUMAS**

17. (a) **BURIAL** (b) Date thereof **1-27-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Jackson**

18. (a) Signature of funeral director **J. W. Bruce**

(b) Address **4467 Washington Ave**

19. (a) **1-24-48** (b) **South St. Louis**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **21**
year **1948** hour **5-22** minute **0** A.M.

21. I hereby certify that I attended the deceased from **JAN 6**, 19**48** to **JAN 21**, 19**48**
that I last saw **her** alive on **JAN 21**, 19**48**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Peritonitis**
Due to **Pelvic abscess**

Due to **Carcinoma of cervix of 1 1/2 yrs.**

Other conditions (Include pregnancy within 3 months of death) **460**

Major findings: Of operations

Of autopsy **Peritonitis, pelvic abscess**

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 **Mary H. Ritchey** M. D. or other **M. D.**

Address **St. Louis County Hosp** Date signed **1/21/48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

FEB 24 1948

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.....

Frederick P. Stark

Registered Apprentice No. *74*

working under my personal supervision.

Signed.....

Melvin E. Green

Licensed Embalmer No. *4428*

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.