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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17848
Registrar's No. 4541

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: 1310 N. Garrison, Ave
(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 Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1310 N. Garrison
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Maggie Mohead
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 4, 1880 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 6 If less than one day hr. min.

9. Birthplace UNK (City, town, or county) Miss (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Jim Mohead
13. Birthplace UNK (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Lacinda Trotter
15. Birthplace UNK (City, town, or county) Miss (State or foreign country)
16. (a) Informant Lillian Mohead
(b) Address 1310 N. Garrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Miss.
18. (a) Signature of funeral director English Und Co
(b) Address 2931 Lucas Ave
19. (a) MAY 15 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10 year 48 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from 5-9, 1948, to 5-10, 1948 that I last saw her alive on 5-10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis
Due to ingestion of meat
Due to Indigestion
Due to Hypertension.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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 J. E. Hurt (M. D. or other)
Address 1015 Garrison Date signed 5-14-48

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

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.