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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 13 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 25030
Registrar's No. 1865

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Rural, Bonhomme Twshp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reinke Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Reinke Rd. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Mewes,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Edward Mewes,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 14, (Day) 1867 (Year)

8. AGE: Years 81 Months 5 Days 19 If less than one day hr. min.

9. Birthplace St. Louis County, Mo. 6
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife (Retired)
11. Industry or business Own home,
FATHER
12. Name Henry Karl,
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Henry Mewes,
(b) Address Chesterfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 48 (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cem. Manchester, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) 8-5-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1948 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from July 17, 1948, to Aug 3, 1948
that I last saw her alive on July 17, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	
Coronaria Recompensation	
Due to: Malnutrition	
Secondary anemia	
Due to: 93d	
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 0
Signature Henry F. Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed Aug 4-48

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Baldwin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.