

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No.

28019

7213

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: Barnes Hospital
(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

3. (a) PRINT FULL NAME Samuel Arthur Mayne

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Mollie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4th 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Wabash Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Automobile Dealer

11. Industry or business

12. Name Philander Mayne
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Stevenson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Fearhiley

(b) Address 6226 Smiley

17. (a) Removal to St. Louis (b) Date thereof 8/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel, Illinois

18. (a) Signature of funeral director G. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) AUG 17 1948 (b) John Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Mount Carmel
(If outside city or town limits, write "RURAL")
(d) Street No. 111 West Third Street
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 6, 1948 to August 11, 1948
that I last saw him alive on August 11, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Peripheral vascular collapse Duration _____

Due to Post Operative shock

Due to Carcinoma of rectum

Other conditions (Include pregnancy within 3 months of death) Hb

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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 F. R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

8122

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..... *R W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.