

No. 2
5-43
5-17-39
X38671

FILED OCT 23 1948

Registration District No. **377** Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lemay Nursing home 4
(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)

3. (a) PRINT FULL NAME Mary Alice Heron

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased December 8 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 10 5 hr. min.

9. Birthplace Pittsburgh Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation seamstress

11. Industry or business none

MOTHER FATHER { 12. Name James Heron

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hackett 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Ryder

(b) Address 4165 Flora Blv'd

17. (a) burial (b) Date thereof Oct-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Rowlett Co.

(b) Address 2707 N. Grand Blvd

19. (a) 10-13-48 (b) Beulah Sharpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7626 Comfort 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1948 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from
Jan. 7th 1948 to Oct. 13th 1948
that I last saw her alive on October 9th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Coronary Arterio Sclerosis ?

Due to General Sclerotic Degeneration ?

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

Major findings: 82

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature William Bern (M. D. or other) W.B.
Address 3601 Jefferson Date signed 10/13/48

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 *Stanley H. Dixon*.....

Licensed Embalmer No. *4193*.....

P. O. Address. *St. Louis*.....

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. X

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. non
Registrar's No. 2371

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LeMay Nursing Home
(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 Mary A. Heron
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased see 8
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days _____ (Less than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Lawrence H. Hays (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ year 1942 hour _____ minute _____ M. 13
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. (Immediate cause of death)

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-35124