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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38218

Registrar's No. 16367

WRITE PLAINLY—USE 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:
4601 Carrie 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 Missouri (b) County 00 17

(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 4601 Carrie Ave 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME May E. Hentz

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 married

6. (b) Name of husband or wife George J.

(c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 23 (Day) 1880 (Year)

8. AGE: Years 68 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Robinson
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Katherine Cooney
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant George J. Hentz
(b) Address 4601 Carrie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) NOV 29 (Date received local registrar) (b) J. B. Lacater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from October, 1947, to Nov 28, 1948
that I last saw her alive on Nov 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 Mo
Due to Hypertension	?
Due to	
Other conditions Pernicious Anaemia (Include pregnancy within 3 months of death)	5 yrs

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 Roar. C. McElvain (M. D. or other) M.D.
Address 4356 Warne Ave (7) Date signed 11/29/48

(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 William G. Bunkhol

Licensed Embalmer No. 2140 J

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.