S. No. 2
I—1/47
5-17-39

920

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 41943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10139

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 1904 Franklin Ave 1
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1904 Franklin Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary William
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 19 (Day) 1895 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 53 | 1 | 2 | hr. min. |

9. Birthplace Sturgeon Mo (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Christopher Waterfield
13. Birthplace Howard Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Roberta Mathis
15. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Frances Karner
(b) Address 8917 Lucerne Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) NOV 23 1948 (Date received local registrar) (b) J. B. Lander (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 21 year 1948 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from 19..., to 19...; that I last saw h... alive on 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of the Breast | |
| Due to: Ascites | |
| Due to: | |
| 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 Means of injury
23. Signature Alfred Spencer (M. D. or other)
Address Clayton Mo Date signed 11/23/48

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 John A. Milner

Licensed Embalmer No. 4186

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.**