

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10371
2036
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>							
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u> <u>477</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago</u> <u>11</u> <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>5914 S. State Street</u> <u>2</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1161 Aubert Avenue</u>			d. STREET ADDRESS (If rural, give location) <u>5914 S. State Street</u> <u>2</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) _____ c. (Last) <u>McWright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1949</u>								
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>L</u>	8. DATE OF BIRTH <u>7/2/76</u>	9. AGE (In years last birthday) <u>72</u>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 10 HRS.</td> </tr> <tr> <td>Months _____</td> <td>Days _____</td> </tr> <tr> <td>Hours _____</td> <td>Min. _____</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 10 HRS.	Months _____	Days _____	Hours _____	Min. _____
# UNDER 1 YEAR	# UNDER 10 HRS.										
Months _____	Days _____										
Hours _____	Min. _____										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Electric Mill, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13a. FATHER'S NAME <u>Unknown Ramsey</u>		13b. MOTHER'S MAIDEN NAME <u>Channey Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Elbert</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Reginald Jones, 1161 Aubert Avenue</u> ADDRESS _____									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES <u>Patricia Johnson</u> <u>94</u> <u>4202</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____	(COUNTY) _____	(STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED (While at work) <input type="checkbox"/> (Not while at work) <input type="checkbox"/> _____	21f. HOW DID INJURY OCCUR _____									
22. I hereby certify that I attended the deceased from <u>2/27/1949</u> , to <u>2/27/1949</u> , that I last saw the deceased alive on <u>2/27/1949</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>L. F. Burns M.D.</u> (Degree or title) _____			23b. ADDRESS <u>2746a Franklin Ave.</u>		23c. DATE SIGNED <u>3/2/1949</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/4/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>								
DATE REC'D BY LOCAL REG. <u>MAR 3 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home, 4107 Finney Ave.</u> ADDRESS _____								

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Paul V. Freeman

Student Embalmer No. 276

working under my personal supervision.

Signed

Paul V. Freeman

Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.