

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25179
 State File No. 6148

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1108a South Boyle St.,				e. STREET ADDRESS (If rural, give location) 1108a South Boyle Street.,					
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) E		c. (Last) Priest		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct 23, 1861		9. AGE (In years, last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 1 WEEK Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Crawford County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Gabriel Godbey			13b. MOTHER'S MAIDEN NAME Lucy Cole		14. NAME OF HUSBAND OR WIFE J. M. Priest				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Nellie Feltz-1108a South Boyle		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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS None 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 444X					
22. I hereby certify that I attended the deceased from 1947 , to July 17, 1950 that I last saw the deceased alive on 7-14 , 1950 and that death occurred at 12:35 am. (From the causes and on the date stated above.									
23a. SIGNATURE J. H. Slaton M.D. (Degree or title)				23b. ADDRESS 2500 S. Highways		23c. DATE SIGNED 7-17-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-19-50	24c. NAME OF CEMETERY OR CREMATORY Earney Cemetery		24d. LOCATION (City, town, or county) (State) Cherryville, Missouri				
DATE REC'D BY LOCAL REG. JUL 17 1950		REGISTRAR'S SIGNATURE J. B. Slaton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd					

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

Lipide Availability

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~~ Me

working under my personal supervision.

Student Embalmer No.

Signed Elton R. Demelico

Signed
Student Embalmer

Licensed Embalmer No. 4283

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.