

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35632

4007

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070** Registrar's No. **2480**

1. PLACE OF DEATH a. COUNTY A. Row		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY A. Row	
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves 4597	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location) 711 Leuby Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 Leuby Ave.		d. STREET ADDRESS (If rural, give location) 711 Leuby Ave.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) MAMIE		(Month) (Day) (Year) 10 14 1950	
b. (Middle) B.		c. (Last) MAHANAY	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH October 3, 1869
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 0 Days 11	IF UNDER 2 HRS. Hours 0 Min. 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) Hampton, Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME David P. Bell		13b. MOTHER'S MAIDEN NAME M. M. Peterson	
14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME S. C. Mahanay		ADDRESS 711 Leuby Ave. Webster Groves	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus Arteriosclerosis heart disease - arrhythmia fibrillation DUE TO (c) Arteriosclerosis heart disease - arrhythmia fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200	
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 June 5, 1950 , to Oct 14, 1950 , that I last saw the deceased alive on Oct 14, 1950 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. Alexander Smith		23b. ADDRESS Webster Groves	
23c. DATE SIGNED 10-15-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 10-16-50	
24c. NAME OF CEMETERY OR CREMATORY Frederickson Cemetery		24d. LOCATION (City, town, or county) (State) Washington Missouri	
DATE REC'D BY LOCAL REG. OCT 15 1950		REGISTRAR'S SIGNATURE W. Rombe	
25. FUNERAL DIRECTOR'S SIGNATURE Chas. C. Funeral Home		ADDRESS 4200 Washington Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10:48

Body was not embalmed, wish of the folks

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.