

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42573**

FILED JAN 13 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 11253		
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2239				
b. CITY OR TOWN St. Louis.		c. LENGTH OF STAY (in this place) 10 years		c. CITY OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION 922 Rutger Street				e. STREET ADDRESS (If rural, give location) 922 Rutger Street				
3. NAME OF DECEASED (Type or Print) MARGARET			a. (First)		b. (Middle) MAHURIN		c. (Last)	
4. DATE OF DEATH		(Month) December		(Day) 29,		(Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W		8. DATE OF BIRTH 2-11-1877		9. AGE (in years last birthday) 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME James Lahay			13b. MOTHER'S MAIDEN NAME Mary Taff			14. NAME OF HUSBAND OR WIFE Jesse		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Vina Marler ADDRESS 922 Rutger Street				
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) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH within		
		ANTECEDENT CAUSES 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. Cowdry Thrombosis						
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? 4201				
22. I hereby certify that I attended the deceased from Dec 15, 1950 , to Dec 29, 1950 , that I last saw the deceased alive on Dec 29, 1950 , and that death occurred at 1:25 pm. , from the causes and on the date stated above.								
23a. SIGNATURE H. G. Moon M.D. (Degree or title)				23b. ADDRESS 917-5018		23c. DATE SIGNED 12-30-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-51		24c. NAME OF CEMETERY OR CREMATORY St. Matthews		24d. LOCATION (City, town, or county) (State) St. Louis Missouri		
DATE REC'D BY LOCAL REG. JAN 2 1951		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin's ADDRESS 2301 Lafayette Avenue				

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

Dr. H.G. Moore MD
18th and Chouteau Aves

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

L. P. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3633

P. O. Address. 2811 Myrtle

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.