

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39422**
1003
Registrar's No. **10463**

FILED DEC 8-1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO.

BIRTH NO.

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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 47 yrs	c. CITY OR TOWN St. Louis		2119
d. FULL NAME OF HOSPITAL OR INSTITUTION People's Hospital			d. STREET ADDRESS (If rural, give location) 3858a Windsor Place		
3. NAME OF DECEASED (Type or Print) Annie		a. (First)	b. (Middle)	c. (Last) Mayberry	4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1951
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 2	8. DATE OF BIRTH Jan. 5, 1885	9. AGE (In years) (last birthday) 66	IF UNDER 1 YEAR Months 10 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Murray County, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Gentry Mayberry	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Christine Davis, 4535 Page Blvd.		
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) Cardiac Hypertrophy Spinal Anesthesia while undergoing hernia operation at Peoples Hospital on Nov 21, 1951 at about 8:15 am DUE TO (b) at Peoples Hospital on Nov 21, 1951 at about 8:15 am 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 checked="" 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) (Min.)		
21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 56/10			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15A m., from the causes and on the date stated above.					
23. SIGNATURE Patrick E. Taylor (Degree or title) Coroner			23b. ADDRESS 300 1/2 Clark		23c. DATE SIGNED 11-24-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/26/51	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. NOV 27 1951	REGISTRAR'S SIGNATURE Paul Smith M.D.	FUNERAL HOME GATES FUNERAL HOME ADDRESS Charles J. Gates, 4107 Finney Ave.			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed



..... Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.