

MO. 2  
MAY 15 1940  
X21492

Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 3902

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4468 Forest Park Blvd. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mary H. Gay. 000

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow.

6. (b) Name of husband or wife John P. Gay. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 3, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 2 27 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name Nicholas F. Zetting. 5

13. Birthplace Germany. (City, town, or county) (State or foreign country)

14. Maiden name Rose Ann Duffy.

15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant Lucille Gay

(b) Address 4468 Forest Park Blvd

17. (a) Burial (b) Date thereof May 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) APR 30 1940 (b) J. D. Paschick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4468 Forest Park Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th.  
year 1940 hour 12. minute 35 A.M.

21. I hereby certify that I attended the deceased from May 1  
1940 to Apr 30 1940  
that I last saw her alive on Apr 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular  
depression  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Fract. r. femur  
(Include pregnancy within 5 months of death)

Duration 2 7/8  
2 1/2 hrs

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence about 2/15/40  
(c) Where did injury occur? in hail of shrapnel  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Field  
23. Signature Edw. Herman (M. D. or other)  
Address 2924 S. Grand Date signed 4/30/40

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

*Dr. E. H. Engstrom*  
*294 So Grand*  
*1-2*

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W H Van Matre*  
Licensed Embalmer No. *2825*  
P. O. Address *4340 Lafayette*

**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, above space should be left blank.**