

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

5313

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:
1220 North 8th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mary St. Clair 5823. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Caleb 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 6, 1853
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 13 hr. min.9. Birthplace Paris, Illinois 1
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife 111. Industry or business _____ 912. Name Manuel Staley18. Birthplace Ohio
 (City, town, or county) (State or foreign country)14. Maiden name Caroline Norton15. Birthplace Unknown
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Laura Stephens(b) Address 1220 N. 8th St17. (a) Removal (b) Date thereof 6.19/40
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Terre Haute Ind.18. (a) Signature of funeral director D. W. McLaughlin(b) Address 2301 Lafayette Avenue19. (a) JUN 14 1940 (b) J. E. Buehler
 (Date received local registrar) (Funeral's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1220 North 8th Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1940 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile debility
arteriosclerosis
chronic myocarditis
fracture of
 Due to _____
 Due to _____

Other conditions
 (Include pregnancy within 3 months of death)Major findings:
 Of operations 93c

Of autopsy _____

Duration

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) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 523. Signature J. E. Buehler (M. D. or other) _____
 Address _____ Date signed _____

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.....

L.R. Cooper
.....
Licensed Embalmer No. 3633

P. O. Address 2317 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.