

2116
No. 2
1-10-39
1775
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40279**
Registrar's No. **10050**

JAN 15 1940 791
Registration District No. _____

Primary Registration District No. **4000**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary L. Waterhouse

8. (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 Fred A. Waterhouse 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7-27-1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Mary Ellen Conn

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

16. (a) Informant Marion S. Waterhouse

(b) Address 1229 Lamm Ave

17. (a) Burial (b) Date thereof 12/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fun Home

18. (e) Signature of funeral director South Central Mort.

(b) Address 4024 Lempale Blvd.

19. (a) DEC 7 1940 (b) J. H. Bredet
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6215 Victoria Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5,
year 1940 hour 3:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 3, 1940 to December 5, 1940,
that I last saw her alive on December 5, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to _____

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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 _____

23. Signature [Signature] (M. D. or other) _____
Address 1215 Lafayette Ave. Date signed 12/6/40

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

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.