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No. 2
1-4-41
17-39
K26390

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8882

791

Registration District No. _____ Primary Registration District No. 1003 State File No. _____ Registrar's No. 2292

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00019
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3683 Olive St.
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11,
year 1941 hour 2:10 minute _____ A. M.
21. I hereby certify that I attended the deceased from March
6, 1941 to March 11, 1941
that I last saw her alive on March 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis (132) Duration
non Calculus

Due to Meningitis - non epidemic

Due to Bronchopneumonia

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

Major findings: _____
Of operations None 133a
Of autopsy As Above

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 0

23. Signature J. McDonald (M. D. _____)
Address 1515 Lafayette Avenue, Date signed 3/11/41

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernard 6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased Jan. 23 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 1 19 _____ hr. _____ min.

9. Birthplace Baton Rouge / Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Edward McGee
13. Birthplace Houston / Texas
(City, town, or county) (State or foreign country)
14. Maiden name Mary Edna Salzan
15. Birthplace Chenal / Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Edward McGee
(b) Address Mt. Bellvue, Texas

17. (a) Burial (b) Date thereof 3/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 12 1941 (Date received local registrar) J. McDonald (Registrar's signature)

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.....

Welford H. Bennett
Licensed Embalmer No. *42020*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.