

Registration District No. **791**

Primary Registration District No. **1003**

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:  
4425a Blair Ave./  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 51 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9100  
(c) City or town St. Louis 17  
(If outside city or town limit, write "RURAL") 9  
(d) Street No. 4425a Blair Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1941 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 15, 1941 to March 23, 1941; that I last saw him alive on March 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic Endocarditis ?  
Due to Arthritis Deformans ?  
Due to \_\_\_\_\_  
Other conditions: Arterio Sclerosis  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy W. A. P. J.

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 W  
23. Signature R. M. Colvain (M. D. or other) MD  
Address 4356 Marne Date signed 3/24/41

3. (a) PRINT FULL NAME Mary Elizabeth Townsend.  
3. (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 John Townsend 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 17, 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jerseyville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name Joseph W. Faigle

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

14. Maiden name Unknown

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

16. (a) Informant Josephine Faigle

(b) Address 4425a Blair Ave.

17. (a) Burial (b) Date thereof March 25, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. T. Brudick  
(b) Address 2117 E. Grand Blvd.

19. (a) MAD 24 1941 (b) Registrar's signature J. T. Brudick  
(Date) (City or town) (State)

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

079

102  
4356 Williams  
No. 25001  
11-1-6-8.

**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 Frank C. Jones

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

**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.**