No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26159

FILED AUG 9 1941

Registration District No. 1804 Primary Registration District No. 111 Registrar's No. 1499

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

96
8
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 4239 A. Ellenwood Ave.
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mary Lee Gabbert
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced D
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 17 (Day) 1941 (Year)
8. AGE: Years ____ Months ____ Days ____ If less than one day ____ hr. 55 min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
MOTHER FATHER
12. Name William Lee Gabbert
13. Birthplace Louisville (City, town or county) Kentucky (State or foreign country)
14. Maiden name Mary Louise Hermannes
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant St. Mary's Hospital
(b) Address 6420 Clayton Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation New Sts. Peter & Paul
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) JUL 19 1941 (Date received local registrar) (b) J. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 41 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from July 17, 1941, to July 17, 1941; that I last saw her alive on July 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration
Prematurity
Respiratory failure
Due to 5½-6 mos. gestation
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____
Of autopsy None

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature Matthew W. Weis (M. D. or other) O
Address 634 No Grand Date signed 7/18/41

101 (Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.