

FILED SEP 8 1942

Registration District No. 754

Primary Registration District No. 111

Registrar's No. 1741

96
3886
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

(c) City or town MAPLEWOOD MO
(If outside city or town limits, write "RURAL")

(d) Street No. 7237 BRUNO
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY VIRGINIA NOTTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 4 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

- - - 12 hr. min.

9. Birthplace RICHMOND HEIGHTS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name WALTER NOTTER

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

14. Maiden name LILLIAN WHITE

15. Birthplace ST. LOUIS COUNTY MO
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER NOTTER

(b) Address 7237 BRUNO

17. (a) BURIAL (b) Date thereof Aug 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter Paul

18. (a) Signature of funeral director M.J. Orshaw

(b) Address 7146 MANCHESTER AVE

19. (a) AUG 17 1942 (b) C. S. McElarney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 16TH
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-4, 1942 to 8-16, 1942;
that I last saw her alive on 8-16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute gastric catarrh
ulceration

Duration
7 days
6 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature T. R. Baker D. (M. D. or other) M. U.

Address 2816 Sulta Ave Date signed 8-17-42

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 M. J. Crawford
Licensed Embalmer No. 12622
P. O. Address 7146 Manchester

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.