

FILED OCT 21 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8435

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:
2113^a Chestnut St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

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. 2113^a Chestnut
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mabelle McRea

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

none

4. Sex Female 5. Color or race Cauc 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Washington
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 76 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business at home

12. Name Ruffin White

13. Birthplace Ala
(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 Josie Jenkins

(b) Address 2113^a Chestnut

17. (a) Burial (b) Date thereof Oct 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Harrison
(b) Address 706 Lafayette Blvd

19. (a) OCT 12 1942 (Date received local registrar)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8
year 1942 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from 9/11 1942 to 10/8 1942
that I last saw her alive on 10/8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 2 Mo.

Due to Chronic myocarditis 1 yr.

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 Pauline E. Gray (M. D. certifier)
Address 3146^a Locust Date signed 10/10/42

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

MOTHER FATHER

Dr. Payne

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

3379

P. O. Address

St. Louis

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.