V. S. No. 2
DM—9-4-41
ev. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8944

FILED MAR 30 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2603

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:
2206 So I8 Street /
(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 Missouri (b) County 000 13

(c) City or town St Louis. 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2206 So I8 Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mamie Wright

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William

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

7. Birth date of deceased Unknown (Month) About (Day) I884 (Year)

8. AGE: Years About 59 | Months | Days | If less than one day hr. min.

9. Birthplace St Louis Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House Work

FATHER
12. Name William Beard
13. Birthplace St Louis Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Wright
(b) Address 22I6 Victor Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/I9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Vaux S.S. Peter&Paul.

18. (a) Signature of funeral director Wm C Mogdell
(b) Address I926 Allen Avs.

19. (a) MAR 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day I6
year I943 hour 7 minute 35 P M.

21. I hereby certify that I attended the deceased from Oct 15, 1942, to Mar 16, 1943
that I last saw her alive on Mar 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis & Valvular disease

Due to Chr. Arthritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

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 G R Worthington (M. D. or other) MD

Address 7405.4 St Louis Ave Date signed 3/17/43

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allesna

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.