. S. No. 2
OM—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1943

318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15978

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 5044

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: ST. JOHN HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 1716

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3208 ARSENAL 8
(If rural, give location)

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

3. (a) PRINT FULL NAME BABY MARY ANN COREY

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 MAY (Month) 28 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name STEVE COREY
13. Birthplace ____ (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name MATILDA BASEEL
15. Birthplace ____ (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant STEVE COREY
(b) Address 3208 ARSENAL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SS PETER & PAUL

18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 Gravois

19. (a) JUN 1 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31 year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from May 28, 1943, to May 31, 1943 that I last saw her alive on May 31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to: Prematurity 7 mos gestation	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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? ____
While at work? ____ (Specify type of place) (e) Means of injury ____

23. Signature Henry F. Pringo (M. D. ~~or other~~)
Address 634 N Grand Date signed 6-1-43

(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.....

.....Not embalmed....., 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.