

7. S. No. 2
 FORM-5-42
 Rev. 5-13-40
 U.S. GOVERNMENT PRINTING OFFICE

23665

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **6621**

JUL 31 1943 318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Furness DeSage 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 one month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (c) Street No. 2408 So. Broadway
 (If rural, give location)
 (d) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Winder, Mary
 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 married
 6. (b) Name of husband or wife Fred Winder
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased 10 - 16 1878
 (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 5
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Piggley

13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Anderson

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

16. (a) Informant Rev. E. L. Lewis

(b) Address 6610 Curtis Place

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereat July 24 1943
 (Month) (Day) (Year)

(c) Place: burial or cremation Sabula Mo.

18. (a) Signature of funeral director Chas. A. Bull
 (b) Address 157 Washington St.

19. (a) JUL 22 1943 (b) J. F. Cheek
 (Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
 year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-10-43
 19____ to 7-21-43 19____

that I last saw her alive on 7-21-43 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia - left base
 Duration 2 wks

Due to Hypertension
 Due to _____

Other conditions Carcinoma of Gall Bladder 6 months
 (Include pregnancy within 3 months of death)

Major findings: metastases to liver &
 Of operations abdominal nodes

Of autopsy As Above

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 G. O. Brown (M. D. or other) M. D.
 Address 1325 S. Grand Date signed 7/20/43

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

MOTHER FATHER

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

John Ketter

Licensed Embalmer No. *3880*

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.