

S. No. 2
M-2-43
5-17-39
- I X35897

#58169
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

18237
State File No.
Registrar's No. 4835

FILED JUN 6 1948
318

Registration District No. Primary Registration District No.

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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days Memorial
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 20⁰⁰⁰ 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2703 Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY BUGH;
(b) If veteran, name war nil
(c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27th
year 1946 hour 1:50 minute A M.
21. I hereby certify that I attended the deceased from May 23rd
1946 to May 27th 1946
that I last saw h. er alive on May 27th
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased October 13 1866
(Month) (Day) (Year)

Immediate cause of death
Atherosclerosis heart disease
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.

8. AGE: Years 79 Months 7 13 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John S. Jamieson /

13. Birthplace Glascow, Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frances Crowder

15. Birthplace Springfield, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Jamieson

(b) Address Chicago, Ill.

17. (a) burial (b) Date thereof 5-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

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? _____

19. (a) (Date received local registrar) MAY 29 1948
(b) J. F. Bredeen
(Registrar's signature)

23. Signature Paul E. Stock (Specify type of place) _____
(c) Means of injury _____
1515 Lafayette 5/27/48
Address Date signed

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

14716

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.