

No. 2
5-43
5-17-39
36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39133

State File No. 39133

FILED DEC 9 1946
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10237

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:
City Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 7 months 25 days
 In this community... 46 years
 (Specify whether 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. 1614a South 12 th. Street
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Stump, 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 William Stump
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased February 12 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 27 8 hr. 20 min.

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

10. Usual occupation Laundress

11. Industry or business.....

12. Name William Broundage

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

14. Maiden name Mary Oglear
 (City, town, or county) (State or foreign country)

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal

17. (a) Cremation (b) Date thereof 12-2-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Av. St. Louis, Mo.

19. (a) NOV 30 1946 J. F. [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
 year 1946 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from April 18 1946 to November 30 1946
 that I last saw her alive on November 30, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edoema Duration 18 hrs

Due to Repetitive cerebral thrombosis 1945 plu

Due to.....

Other conditions 93
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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 0

23. Signature Palmer [Signature] (M. D. or other)

Address 5800 Arsenal 11-30-46 Date signed.....

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

MOTHER FATHER

rule

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..... *C. W. Cooper*

Licensed Embalmer No. *13830*

P. O. Address *2301 Lafayette*

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.