

FILED DEC 31 1946

Registration District No. 377

Primary Registration District No. 4467

40881
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
103 Fano Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9th

(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")

(d) Street No. 103 Fano Drive
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Workman

3. (b) If veteran. name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Workman

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

7. Birth date of deceased August 4, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>19</u>	_____ hr. _____ min.

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

10. Usual occupation Retired housewife

11. Industry or business Own Home

MOTHER FATHER {

12. Name Unknown 7

13. Birthplace Unknown (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Arley Workman

(b) Address Valley Park, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation St. Union Cem., Iberia, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Baldwin, Mo.

19. (a) 12-26-46 (Date received local registrar)

(b) Auth. Allen (Registrar's signature) msc

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-16-46
to 12-23 1946
that I last saw her alive on 12-23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis; 430
Hypertension

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.

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)

Means of injury _____

23. Signature Royal C. McLean M.D. (M. D. or other)

Address 1514 Wood Date signed 12-24-46

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 *Geo. Schradw*
Licensed Embalmer No. *3066*
P. O. Address *Baltimore, Mo.*

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.