

FILED FEB 24 1947
Registration District No. 318

Primary Registration District No. 1003

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

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:
6348 Bancroft Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1479
(d) Street No. 6348 Bancroft Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MABEL AEY

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 Married

6. (b) Name of husband or wife Paul H. Aey
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 9, 1887
(Month) (Day) (Year)

8. AGE: 60 Years 0 Months 7 Days
If less than one day
hr. min.

9. Birthplace East St. Louis Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Geo. Bowler

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

14. Maiden name Unknown

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

16. (a) Informant Paul H. Aey

(b) Address 6348 Bancroft Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof Feb. 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. St. L. Co.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) FEB 18 1947 (b) J. D. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 16 day 16
year 1947 hour 11:30 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Feb. 12, 1947 to Feb. 16, 1947
that I last saw h. as alive on Feb. 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thromboses
Duration 4 days

Due to.....
Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 Dr. Wolf (M. D. or other)
Address 1418 Franklin Date signed 4-17-47

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 745 Manchester

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.