No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15541

FILED MAY 13 1947

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 4561

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4547 Shenandoah Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____ 600

(c) City or town St. Louis 17 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4547 Shenandoah Ave. 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME MARY E. POSTON

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 3

6. (b) Name of husband or wife Late Richard T.

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

7. Birth date of deceased March (Month) 5 (Day) 1863 (Year)

8. AGE: Years 84 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Housework

11. Industry or business _____

FATHER
12. Name Frederick Keel
13. Birthplace _____ (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Unknown McWilliams
15. Birthplace _____ (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant T. A. Poston

(b) Address 6308 Sutherland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 6 (Day) 47 (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAY 5 1947 (Date received local registrar) (b) J. F. Riedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from 10/25/42, 19__, to 5/2, 1947, that I last saw her alive on 4/17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

Due to _____

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

Major findings: Of operations none

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) none

(b) Date of occurrence —

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Preston C. Hall (M. D. or other) MD

Address 3902 Lafayette Date signed 5/3/47

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.