

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED MAY 9 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15788
State File No. 4223
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(d) Street No. 314 Clara
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary M. White
3. (b) If veteran, name war
3. (c) Social Security No. 194-09-3628

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22 year 1947 hour 8.15 P.M. minute M.
21. I hereby certify that I attended the deceased from Apr. 3, 1947, to April 22, 1947.
that I last saw her alive on Apr. 22, 1947, and that death occurred on the date and hour stated above.

4. Sex Female/ race White
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Charles White
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 11, 1877 (Month) (Day) (Year)

Duration
Immediate cause of death: Coronary artery occlusion 20 days
Due to myocardial infarction 20 " "
Due to Pulmonary infarcts 10 "

8. AGE: Years 69 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Saleswoman

11. Industry or business Sonnenfeld's Ready to Wear

MOTHER FATHER { 12. Name John Clinton McMahon
13. Birthplace Ireland
14. Maiden name Julia Kennedy
15. Birthplace Ireland

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.

16. (a) Informant Marie White
(b) Address 314 Clara

17. (a) Burial (b) Date thereof 4/25/47
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 26 1947 (b) J. F. Bredeck (Registrar's signature)

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?
(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: L. H. ... (M. D. ...)
Address 4500 Olive Date signed 4/23/47

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

1947 JUN 3 1947

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 E. Smith

Licensed Embalmer No. 1284

P. O. Address..... St. Louis, 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.