S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29892

Registrar's No. 1924

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

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6733 Bonnie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Affton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 6733 Bonnie 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mae Iris Folmer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Joseph Folmer
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased July (Month) 25 (Day) 1906 (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	1	14	X hr. X min.

9. Birthplace Salem Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Granville 0
13. Birthplace Salem Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Click
15. Birthplace Salem, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Folmer
(b) Address 6733 Bonnie, Affton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, '47 (Month) (Day) (Year)
(c) Place: burial or cremation Sumset Burial Park
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Gravois St. Louis (16)
19. (a) 9-12-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9
year 1947 hour Nine minute 30 A M.
21. I hereby certify that I attended the deceased from Oct. 1946 to 9-9 1947
that I last saw her alive on 9-9 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left adrenal gland	4 1/2 yrs
Due to: Generalized metastasis	2 yrs
Due to: 550	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. W. Forsman (M. D.)
Address 7436 Gravois Date signed 9-11-47

Jefferson City Printing Co. (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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.