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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40047

FILED DEC 15 1947 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 11103

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: 3126 ST VINCENT AV
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3126 ST. VINCENT AV.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAMIE M. PARDYKE.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

6. (a) ~~Single, widowed~~, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES H. PARDYKE

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased APRIL (Month) 20 (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 12 If less than one day hr. min.

9. Birthplace ST. LOUIS. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN.

FATHER
12. Name ALONZO SWAZE.
13. Birthplace UNKNOWN. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSE O'BRINE.
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Pardyke
(b) Address 3126 St. Vincent Av.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof DEC 5-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ VALLALLA CEM.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) DEC 4 1947 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1947 hour 4 minute 30 p.M.

21. I hereby certify that I attended the deceased from July, 1942 to Dec 2, 1947; that I last saw her alive on Dec 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris.

Due to Malignant hypertension

Due to Cardiac decompensation

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations [illegible]

Of autopsy [illegible]

Duration

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 [illegible]

(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

23. Signature S. H. Mays (M. D. or other)

Address 3606 Gravois Date signed 12-3-47

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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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, facts should be so stated above.