

17-39

State File No. _____

Division Office of Vital Statistics

FILED FEB 9 1948

Primary Registration District No. 6076

Registrar's No. 223

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Mehlville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Residence Lemay Box 412, Route 8
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Mehlville
(If outside city or town limits, write "RURAL")
 (d) Street No. Box 412, Route #8
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Bess
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 23
 year 1948 hour 12 minutes 15 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Pinkney Bess
 6. (c) Age of husband or wife if alive 82 years
 7. Birth date of deceased: February 2 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1947
 _____, 19____, to Jan. 22, 1948
 that I last saw h.e.r. alive on Jan. 22, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 11 Days 21
 If less than one day _____ hr. _____ min.

Immediate cause of death:
Chronic myocarditis
Hypertension and
Chronic nephritis
 Due to _____
 Duration 3 yrs
 Due to 1312
 Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Higdon, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Luke White

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

14. Maiden name Vina Mouser

15. Birthplace Marquand, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jose Whitner

(b) Address Mehlville, Missouri

17. (a) Burial (b) Date thereof 1/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 1-24-48 (b) Beulah
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? 2 (e) Means of injury _____

23. Signature J. J. White (M. D. or other) Do

Address 674 Vermont St. St. Louis, Mo. Date signed 2-4-48

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

MOTHER FATHER

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 *Ernst W. Spillner*
Licensed Embalmer No. *14080*

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.