

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Lemay, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Lemay Nursing Home
 (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 St. Louis
 (c) City or town Lemay
 (If outside city or town limits, write "RURAL")
 (d) Street No. Lemay Nursing Home
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 2, 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 8 hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name James Gagen

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

14. Maiden name Anna Burke

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

16. (a) Informant Mrs. Marie Sargent
 (b) Address 4970a Lindenwood

17. (a) Burial, cremation, or removal Burial (b) Date thereof 12-13-48
 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home
 (b) Address 6322 S. Grand Blvd.

19. (a) 12-11-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th
 year 1948 hour 5 minute 30 a. m.

21. I hereby certify that I attended the deceased from Sept 10 1948
 _____, 19____, to December 10 1948
 that I last saw her alive on December 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the right breast
 Duration 1 year

Due to _____
50

Due to _____
none

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? _____

While at work? _____ (Specify type of place)

Signature B. J. McCombs (M. D. or _____)

Address 3608 N. Grand Date signed 12/12/48

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.....

J Wm Bentley

Licensed Embalmer No.....

3653

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.