S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12924

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5mo, 17 days (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 3490 000 V 39

(a) State Missouri. (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. ~~5800 Arsenal~~ 2359 S. 13th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country American

3. (a) PRINT FULL NAME Mary Ann House.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 2, (Day) 1855 (Year)

8. AGE: Years 89 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace " 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Lonnie Green
(b) Address 5800 Arsenal

17. (a) Renoval (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cantwell Mo.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) APR 15 1944 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4, day 13, year 1944 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Oct 27, 1943 to 4-18, 1944; that I last saw her alive on 4-18-44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	
Due to Generalized arteriosclerosis	
Due to 9	
Other conditions Senility; Cerebral sclerosis; Cystitis; Hemorrhoids; Paralytic ileus	

(Include pregnancy within 3 months of death)

Major findings: Of operations Catarhel Cystitis None

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No
(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

Signature Homer A. Hinsteman M.D. (M. D. or other)
Address 5800 Arsenal Date signed 4-17-44

(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 L. R. Eisinger

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.