

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1930 11174 1930 791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31153  
Registrar's No. 8218

Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County 1  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Days  
(Specify whether years, months or days) 58 Years.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 1  
(c) City or town St. Louis. 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3919 No. 23rd. St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Adrienne Carney  
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 Widowed  
6. (b) Name of husband or wife James Carney. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 25, 1887.  
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name David Sabeni.  
13. Birthplace Italy.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nellie Douglas.  
15. Birthplace Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John R. Wain  
(b) Address 5732 Helen Ave.  
17. (a) Burial (b) Date thereof 9-26-39.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.  
19. (a) SEP 25 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 24,  
year 1939 hour 3:15 minute A. M.  
21. I hereby certify that I attended the deceased from September 8,  
1939 to September 24, 1939

that I last saw her alive on September 24, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Ovary Carcinoma  
of a part found  
of abdominal  
intestines  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature Go. J. [Signature] (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette. Date signed 9/25/39

**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 H Van Meter  
Licensed Embalmer No. 2825  
P. O. Address 4340 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, above space should be left blank.**