3.1.1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37165

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1910

1. PLACE OF DEATH:

(a) County St. Louis NOV 9 1939

(b) City or town Lakewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis County
(If outside city or town limits, write "RURAL")

(d) Street No. 8012 Acorn St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Helen Dultz 432

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 John

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

7. Birth date of deceased Sept. 10th, 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John M. Enright
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Laffey
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Dultz
(b) Address 8012 Acorn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/39 (Month) (Day) (Year)
(c) Place: burial or cremation N. S. S. Peter & Paul

18. (a) Signature of funeral director John Liegenheim & Sons
(b) Address 7027 Gravois Ave.

19. (a) OCT 31 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th
year 1939 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to Oct 28, 1939
that I last saw her alive on Oct 28, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Uterus & Bladder	10 mo
Due to Cancer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48

Major findings:
Of operations Carcinoma of Uterus primary
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. W. Walters (M. D. or other)
Address 3608 S. Gd St. St. Louis Mo Date signed 10/30/39

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 8937 Grovis

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.