

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

Rev. 5-17-39
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.

1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 446707

JAN 8 1939
Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2132

1. PLACE OF DEATH:

(a) County. St. Louis 2

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

(c) Name of hospital or institution:
1314 Highland Terrace
(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

3. (a) PRINT FULL NAME Mary Ellen Duane 500

3. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife. Wm. J. Duane

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

7. Birth date of deceased March 19 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>8</u>	<u>15</u>	hr. _____ min.

9. Birthplace. Bowling Green Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation. Housework

11. Industry or business. At Home 5

MOTHER FATHER { 12. Name Patrick Fleming

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Powers

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

16. (a) Informant's own signature. Mrs. Agnes Donovan

(b) Address 2122 Walter Ave., Overland.

17. (a) Burial (b) Date thereof Dec. 7, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. S. Stuart

(b) Address 1225 No. Union Blvd.

19. (a) DEC 5 1939 (b) G. R. Maynard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town. Richmond Heights.
(If outside city or town limits, write "RURAL")

(d) Street No. 1314 Highland Terrace
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4
year 1939 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan
4, 1939 to Dec 4, 1939
that I last saw her alive on Dec 4, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

General Carcinomatosis

Due to Carcinoma of Cervix

Due to Uteri 4.8

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma Cervix

Of operations Uteri

Of autopsy Uteri

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)

Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 12/5/39

DEC 26 1941

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.....

Albert S. Hoppa

Licensed Embalmer No. 2971

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, above space should be left blank.