DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22843

Registration District No. 784 — Primary Registration District No. 111 — Registrar's No. 1079

RECD JUL 15 1940

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 3205 a Bailey Ave (If rural, give location)

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

3. (a) PRINT FULL NAME Bertha McGlashon 243

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 Married

6. (b) Name of husband or wife Lorenzo McGlashon 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September (Month) 8 (Day) 1882 (Year)

8. AGE: Years 57 Months 8 Days 27 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Moellenkamp
13. Birthplace St Charles (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Anna Maier
15. Birthplace St Charles (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Lorenzo McGlashon

(b) Address ~~XXX~~ 3205a Bailey Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Budenwieder Funeral Home

(b) Address 1936 St Louis Ave

19. (a) JUN 7 - 1940 (Date received local registrar) (b) A R Meyer MD DPH (Registrar's signature) AK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day June year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 23, 1940 to June 5, 1940 that I last saw her alive on June 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	3 days
Due to Carcinoma Cervix uteri	5 Mos.
Due to ~~Group 4 adenoca of cervix~~ Generalized carcinomatosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 48	
Of autopsy Generalized peritonitis Generalized carcinomatosis	

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 ~~6-5-40~~

(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 William H Nagel (M. D. ~~or other~~)

Address 330 Metropolitan Bldg Date signed ____

(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.

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.....

Licensed Embalmer No.....2737

P. O. Address.....1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.