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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27417

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7313

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

1. PLACE OF DEATH:

(a) County

(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:
5964 Highland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 28 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5964 Highland Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha Rooney 5 DD

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Apr. 3, 1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Marmon
13. Birthplace dont know (City, town, or county) (State or foreign country) 9

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

16. (a) Informant James Rooney
(b) Address 5964 Highland Av.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/31/40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director George L. Plettsch
(b) Address 5966 Easton Av.

19. (a) AUG 30 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29, year 1940 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from June 5, 1940 to August 29, 1940 that I last saw her alive on August 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Uteri

Due to metastases to pelvic viscera.

Due to

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: Of operation Biopsy only 3/11/40

Of autopsy None

Duration

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 [signature] (M. D. or other)
Address 1515 Lafayette Ave., Date signed 8/30/40

(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 David C. Gibson, Registered Apprentice No. ____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St. Louis Mo.

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.