

No. 2-13-40
17-39
X23150

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43781

State File No.

Registration District No. 184

Primary Registration District No. 101

Registrar's No. 2477

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 10 hrs., 10 min.
(Specify whether

In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Walker Lane near New Florissant
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Vassier

3. (b) If veteran, name war ? 3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1940 hour 9 minute :25 P.M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife George Vassier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 20 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-29-40
_____ 19____ to 12-29-40 19____;
that I last saw her alive on 12-29-40 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Hypertensive broncho-pneumonia Duration _____ days

Due to Hypertensive cardiac disease years?

Due to _____

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

Other conditions Hypertension years?
(Include pregnancy within 3 months of death)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Bill Marty

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

14. Maiden name Sarah Patchet

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

Major findings:
Of operations _____

Of autopsy 95 1/2

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John W. Murphy

(b) Address 3505 Ridge Lake

17. (a) Burial (b) Date thereof 12-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 W. 4th Street, Bridge

19. (a) DEC 30 1940 (b) L. Meyer
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature L. Kimmner (M. D. or other) _____
Address Co Hwy Date signed _____

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

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 *L. B. Tanner*

Licensed Embalmer No. *2922*

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, fact should be so stated above.