No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36628

Registrar's No. 8857

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. John's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 3 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3804 Shenandoah
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth D'Arcy

3. (b) If veteran, name war No.

3. (c) Social Security No. Unk.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Jan. (Month) 11 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	9	26	hr. min.

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

10. Usual occupation Mgr. Candy Co.

11. Industry or business

FATHER
12. Name Michael D'Arcy
13. Birthplace (City, town, or county) Ireland (State or foreign country)

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

16. (a) Informant Kathryn Boehm
(b) Address Sterling, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sterling, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address NOV 8 1941 4900 Washington Ave.

19. (a) (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th
year 1941 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from September 17th, 1941, to November, 1941;
that I last saw her alive on November 6th, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia	22 hrs
Due to Organisms, unidentified.	
Due to	
Other conditions Hypertension-Malignant (Include pregnancy within 3 months of death)	???

Major findings:
Of operations No Operation
Of autopsy No 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 Carl A. Powell MD (M. D. or other)
Address 3511 Lucas Ave. St Louis Mo Date signed 11-7-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.