. No. 2
—1-4-41
5-17-39
-I X26390

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

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. 36798 9028

Registrar's No.

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:
1224 Aubert Ave
(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

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. 1224 Aubert Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Duvic

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 Joseph A. Duvic

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug (Month) 15 (Day) 1874 (Year)

8. AGE: Years 67 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dennis Noonan
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Marie Barry
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Joseph A. Duvic
(b) Address 1224 Aubert Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) NOV 14 1941 (Date received local registrar) (b) J. T. Bridcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw her alive on 11/13/41 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rt Lobar Pneumonia	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension, Cerebral hemorrhage	Yrs Yrs

Major findings:
Of operations

Of 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 M. L. Mistachkin (M. D. or other)
Address 1259 N Kingshighway Date signed 11/14/41

(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 [illegible]

Licensed Embalmer No. 2265

P. O. Address 46 [illegible] Bridge ave

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, fact should be so stated above.