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rv. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17
State File No. _____
Registrar's No. 269

FILED FEB 24 1947 91

Primary Registration District No. 1003

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:
St. Louis, City Hospital D
(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 Mo. (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1338 1/2 Shawmut Pl.
(If rural, give location) D
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Anderson
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9th,
year 1942 hour 12:15 minute P. M.

4. Female 5. Color Wk 6. (a) Status Widowed, married, divorced
(b) Name of husband or wife John (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 3 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 22, 41 to January 9, 1942;
that I last saw her alive on January 9, 1942,
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 3 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Diabetes Mellitus
Duration _____

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

Due to Gangrene of Rt foot
Due to Arteriosclerosis
Other conditions (include pregnancy within 3 months of death) 60

10. Usual occupation At Home

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John Love
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Doherty
15. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Guille E. Anderson
(b) Address 1333 1/2 Shawmut Pl.
17. (a) Burial (b) Date thereof 1-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calyary Cem.

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Bradak (M. D. or other) _____
Address 1515 Lafayette Date signed 1/9/42

18. (a) Signature of funeral director Chas. F. Stewart
(b) Address 1225 Union Blvd
19. (a) JAN 10 1942 (b) J. F. Bradak
(Date received local registrar) (Registrar's signature)

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

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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.....

Bernard A. J. Straub
.....
Licensed Embalmer No. *3500*.....

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.