

S. No. 2  
M-5-42  
v. 5-17-39  
P-1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. ....

1. PLACE OF DEATH: **St. Louis**  
 (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: **City Infirmary**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. **2 mo. 19 days**  
 In this community **life**  
 years, months or days

2. USUAL RESIDENCE OF DECEASED: **9412**  
 (a) State **Missouri** (b) County.....  
 (c) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **4526 Clayton**  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Margaret Hunter**  
 3. (b) If veteran, name war. **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **November** day **8**  
 year **1942** hour **7** minute **P.** M.

4. Sex **F** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced. **M**  
 6. (b) Name of husband or wife **Daniel**  
 6. (c) Age of husband or wife if alive. **66** years  
 7. Birth date of deceased **March 14 1888**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years **54** Months **7** Days **25**  
 If less than one day hr. min.

Immediate cause of death. **Intestinal obstruction** Duration  
 Due to **fecal impaction** 27

9. Birthplace **Independence Missouri**  
 (City, town, or county) (State or foreign country)

Due to.....  
 Other conditions **Chronic lathyrus nephritis, suppurative nephritis, uterine myometrium**

10. Usual occupation **nil**

PHYSICIAN  
 Major findings:  
 Of operations:  
 Of autopsy **as given above**

11. Industry or business  
 12. Name **John Dinan**  
 13. Birthplace **Ohio**  
 14. Maiden name **Mary Schwenk**  
 15. Birthplace **Hamilton, Ohio**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Hiram Bazzoli**  
 (b) Address **5800 Arsenal St.**

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)

17. (a) **Burial** (b) Date thereof **11-12-42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **J. F. Bredick**  
 (b) Address **4228 So. Kings Highway Blvd.**

While at work? (Specify type of place) (c) Means of injury  
 23. Signature **J. F. Bredick** (M. D. or other)  
 Address **5600 Arsenal St.** Date signed **11-10-42**

19. (a) **NOV 11 1942** (Date of local registration)  
 (Registrar's signature)

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

MOTHER FATHER

**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.....  
*Edwin M. Bennett*

Licensed Embalmer No..... *3024*

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.**