S. No. 2
M—5-42
v. 5-17-39
I X32873

96
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0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38029

State File No.

FILED DEC 10 1942

Registration District No. 7 [illegible]

Primary Registration District No. 200

Registrar's No. 2343

1. PLACE OF DEATH: St. Louis
(a) County
(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2675 Telegraph Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis 0
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2675 Telegraph Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marie Gligros

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Peter Gligros

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 11? 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	8	27	hr. min.

9. Birthplace Roumania (City, town, or county) 6 (State or foreign country)

10. Usual occupation Housewife at home

11. Industry or business

FATHER
12. Name John Stam
13. Birthplace Roumania (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Roumania (City, town, or county) 6 (State or foreign country)

16. (a) Informant Anna Craughan
(b) Address 7218 Pennsylvania Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetary

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Avenue.

19. (a) NOV 9 - 1942 (Date received local registrar) (b) E. D. McGarran M.J. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1942 hour 11 minute 10 M.

21. I hereby certify that I attended the deceased from Oct 5, 1942 to Nov 8, 1942
that I last saw her alive on Nov 8, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of R Lung	5 weeks
Due to Carcinoma of Uterus	1940
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48 hr

Major findings:
Of operations March 1940 Hysterectomy
Carcinoma of Uterus
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 A. W. Peters D (M. D. or other)
Address 4145 S Grand Date signed Nov 9/42

(Licensed Embalmer's Statement on Reverse Side)

X-Polin

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.....

Licensed Embalmer No. 4148

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.