

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 135

108
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada

(c) Name of hospital or institution: State Hospital No 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether in this community 12 years 7 mo 14 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ¹⁰⁶

(c) City or town St. Louis ⁹
(If outside city or town limits, write "RURAL")

(d) Street No. unknown
(If rural, give location)

(e) Citizen of foreign country? Probably yes - do not know (Yes or No)
If yes, name country Probably Ireland

3. (a) PRINT FULL NAME MARY-SEXTON

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct, 1939 to Dec 21, 1942
that I last saw her alive on Dec 21, 1942
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased July 2 1868
(Month) (Day) (Year)

Immediate cause of death _____
Arteriosclerotic Heart Disease

Due to Generalized Arteriosclerosis

Due to _____

Other conditions Dementia Praecox
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>19</u>	— hr. — min.

Major findings: none

Of operations _____

Of autopsy findings of autopsy as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace unknown Ireland-4
(City, town, or county) (State or foreign country)

10. Usual occupation housework formerly

11. Industry or business none

MOTHER FATHER {

12. Name unknown

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada mo

17. (a) Burial (b) Date thereof 12-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem.

18. (a) Signature of funeral director Frank Piehinger

(b) Address Nevada mo

19. (a) D.O.C. 25, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: No

(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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature Paul L. Barone (M. D. or other) _____
Address State Hosp No 3 Date signed Dec 22

RECEIVED

District Health Officer No. 7;

License No. Number

12-42-1504

Date Filed

1-13-43

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 M. C. Lehner
Licensed Embalmer No. 2656
P. O. Address Swada, Mo.

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.