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S. No. 2
M-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8655

State File No.

FILED MAR 30 1943

Registration District No.

Primary Registration District No.

Registrar's No. 2700

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 1114 So. 8th Street
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Rose Partney

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19,
year 1943 hour 8:40 minute A. M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Clyde Partney 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 4 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1943, to March 19, 1943 that I last saw her alive on March 19, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 9 15 hr. min.

Immediate cause of death Pneumonia Duration 2 days

Due to Jambling, etiology, undetermined 3 weeks

Due to.....

9. Birthplace Washington Co., Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 1/20

10. Usual occupation Bean sorter

11. Industry or business Cornelia Seed Co.

PHYSICIAN

Major findings: Of operations Cholelithiasis

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Henry Mc Kellen

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Susan Mersel

15. Birthplace Washington Co., 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 Ms Mary West

(b) Address 1114 So. 8th St. St. Louis Mo

17. (a) Burial (b) Date thereof 3-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary St. Ch. Mo

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Eugene Wieg (M. D. or other) 3/19/43
Address 1515 Lafayette Avenue Date signed

18. (a) Signature of funeral director J. F. M. Mersel

(b) Address St. Louis Mo

19. (a) MAR 22 1943 (b) J. F. Mersel
(Date received local registrar) (Registrar's signature)

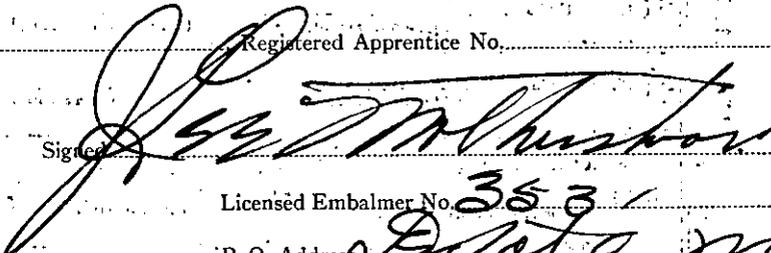
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
.....
.....
working under my personal supervision.

Signed 

Registered Apprentice No.

Licensed Embalmer No. 3531

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.