V. S. No. 2
60M—5-42
Rev. 5-17-39

16651

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4657

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

1. PLACE OF DEATH:

(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: 2916 a Arkansas
(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 Missouri (b) County 000 17

(c) City or town St Louis 916
(If outside city or town limits, write "RURAL")

(d) Street No. 2916 a Arkansas
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Margaret A. Stover

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 Single

6. (b) Name of husband or wife — —

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

7. Birth date of deceased Jan (Month) 16 (Day) 1892 (Year)

8. AGE: Years 51 Months 4 Days 2 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Frank E Stover
13. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mary E Curley
15. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Rose Ringkamp

(b) Address 2916 a Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [illegible] Maysell

(b) Address 1926 Allen av

19. (a) MAY 13 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 4, 1941, 1941, to May 18, 1943, that I last saw her alive on May 18th, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastases to Right and left lungs	3 month
Due to: adenocarcinoma of Right	
Due to: Breast with axillary metastases and lungs	2 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Pleural effusion Right

Of autopsy none

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 D. J. Verda 0 (M. D. or other)

Address Barnard Cancer Hosp Date signed 5-18-43

(Licensed Embalmer's Statement on Reverse Side)

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 WE

, Registered Apprentice No.

working under my personal supervision.

Signed Wm L Moydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave

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.