

19137

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 12 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1320

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town PINE LAWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MOTHER OF GOOD COUNCIL HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 YRS. (Specify whether
In this community 5 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL.")
(d) Street No. 6825 NATURAL BRIDGE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY WANKEN

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife MARTIN 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased SEPT 9 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 24 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business HWF.

12. Name WILLIAM M. SCULLY

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

14. Maiden name ELLEN Mc CORMICK

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Scully

(b) Address 4682 KOSCIUSKO

17. (a) BURIAL (b) Date thereof 6-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Callan - Kelly
(b) Address 1416 N. TAYLOR AVE

19. (a) JUN 5 1943 (b) C. J. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June - day 2nd - 1943
year 6/2/43 hour 10:30 P. M.

21. I hereby certify that I attended the deceased from June-16th
1938 to May-31st 19 43
that I last saw her alive on May-31st 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Chro- Generalized Arthritis.
Sec: Pulmonary Hypo-Static-

Due to Pneumonia 2-Wk
Anuria.

Due to Died in the home of the incurables.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations Illness.
Of autopsy No. 109

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) Illness

(b) Date of occurrence _____

(c) Where did injury occur? None.
(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) (e) Means of injury _____

23. Signature Richard Scully (M.D. or other)
Address 3718 Jennings, R. 4 Date signed _____

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

2600

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 James G. Summers
Licensed Embalmer No. 4142
P. O. Address St. Louis

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.