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0M—5143
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11973

FILED MAR 20 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 605

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town SO. KINLOCH PK. MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McHenry & Hugo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1913
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

(c) City or town SO. KINLOCH
(If outside city or town limits, write "RURAL")

(d) Street No. MC HENRY and HUGO
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY ANDERSON

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

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

7. Birth date of deceased APRIL (Month) 3 (Day) 1869 (Year)

8. AGE: Years 74 Months 11 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace SCOTT COUNTY (City, town, or county) ALB. (State or foreign country)

10. Usual occupation —

11. Industry or business GROCERY STORE

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant W. R. DORTCH
(b) Address McHenry & Hugo, So. Kinloch, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3 (Month) 11 (Day) 1944 (Year)
(c) Place: burial or cremation WASHINGTON PK. CEM.

18. (a) Signature of funeral director BOYD BROS. FUNERAL HOME
(b) Address LN and STANZA SO. KINLOCH

19. (a) MAR 11 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 2nd
year 1944 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from 6 — 23rd, 1944, to 3 — 6 —, 1944
that I last saw her alive on 3 — 5 —, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Cancer

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration: Two or more years

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

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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 J. Dorsey MD (Dr. or other) MD
Address 25 Larson Rd., Kinloch, Mo. Date signed 3-10-44

(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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 8371

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.