S. No. 2
M—9-4-41
V. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8, 1944

Registration District No. 3 1 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12031

Primary Registration District No. 3 0 6 9

Registrar's No. 806

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 110
(a) State Missouri (b) County Washington
(c) City or town Richwoods, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Bernice Gertrude DeClue
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 S
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 7 (Day) 1937 (Year)

8. AGE: Years 6 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Richwoods Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation School Child
11. Industry or business ✓
MOTHER FATHER
12. Name Cleate DeClue
13. Birthplace Richwoods Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Mary Boyer
15. Birthplace Fletcher Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mary DeClue
(b) Address Richwoods, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 4 - 1944 (Date received local registrar) (b) E. L. McGahan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1944 hour 8 minute 23 A.M.
21. I hereby certify that I attended the deceased from Feb 3, 1944 to April 2, 1944 that I last saw her alive on April 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Leukemia	7 mo?
Lobular pneumonia	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Ex
Of autopsy Enlarged lymph nodes - Generalized

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 Jackson Eto M.D. (M. D. or other) MD
Address 4720 Clayton Rd. Date signed 4-2-44

(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.....

Licensed Embalmer No.....2971.....

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.

H4A