. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39121

State File No.

FILED JAN 11 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11669

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 3720a Lincoln Ave. / (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 17 611

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

(d) Street No. 3720a Lincoln Ave. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Josie Eustace

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 Widowed 2

6. (b) Name of husband or wife George T. Eustace

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

7. Birth date of deceased Feb. (Month) 19 (Day) 1880 (Year)

8. AGE: Years 65 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Miss. Regina Eustace

(b) Address 3720a Lincoln Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I 3 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 No. Euclid Ave.

19. (a) JAN 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st. year 1945 hour 5.30 P.M. minute M.

21. I hereby certify that I attended the deceased from July 1st, 1945 to Dec 31, 1945 that I last saw her alive on Dec 31, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fibrosis of Lungs	4 yrs
Due to: Chronic Pulmonary Tuberculosis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other) MD

Address 4114 [illegible] Date signed 1/2/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Francis Medler

4114 W. Florrisant Wed-

GO. 2783 12-2

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.