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

21334

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 1 1946

Registration District No.

Primary Registration District No. 3069

Registrar's No. 1332

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7510 Parkdale
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anne C Weingartner

3. (b) If veteran, name war Noen

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Richard L.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 15th. 1897 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Joseph M Crotty
13. Birthplace (City, town, or county) Mo (State or foreign country)

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

16. (a) Informant Richard L Weingartner
(b) Address 7510 Park Dale Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Funeral Director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) 6-21-46 (Date received local registrar) (b) E.G. McGovern MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 20th. year 1946 hour 10:00PM minute M.

21. I hereby certify that I attended the deceased from February 1943, to June 20, 1946; that I last saw her alive on June 20, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Pulmonary Oedema | 5 hrs. |
| Due to Adenocarcinoma of pleura | 9 mo. |
| Due to Primary Ca of Breast | |
| Other conditions (Include pregnancy within 3 months of death) 50 | |

Major findings: Of operations Ca of breast 1943
Adenocarcinoma of pleural fluid
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 Daniel L. Dutton (M. D. or other)

Address 607 N. Grand Ave Date signed 6/21/46

(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.....J. Allen Davis Jr

Licensed Embalmer No.....4053

P. O. Address.....St Louis Mo

**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.**