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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. 31314

FILED OCT 7 1946

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 2042

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

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1210 Arch Terrace 1
 (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 Mo. (b) County St. Louis County
 (c) City or town Richmond Heights
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1210 Arch Terrace
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John M. Dee
 (b) If veteran, name war no
 (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
 year 46 hour 1 minute 15 P. M.
 21. I hereby certify that I attended the deceased from 1945
9:30 1945 to 9:30 1946
 that I last saw him alive on 9-30 1946
 and that death occurred on the date and hour stated above.

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased NOV. 26, 1887
 (Month) (Day) (Year)

Immediate cause of death _____
Carcinoma of Stomach
 Due to _____
46 h
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
58 10 4 _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Foreman

11. Industry or business Public Service Co.

12. Name John Dee

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

14. Maiden name Mary Donohue

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Irene Dee

(b) Address 1210 Arch Terrace

17. (a) Burial (b) Date thereof Oct 31 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph A. Howard
 (b) Address 1619 Grand

19. (a) 10-3-46 (b) Paul Gallen
 (Date received local registrar) (Registrar's signature)

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 Thomas M. Martin (M. D. or other) _____
 Address 639 No Grand Date signed 10-1-46

JUN 10 1943

OCT 11 1946

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..... *Jos. A. Howard*.....
Licensed Embalmer No..... *4137*.....

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.