

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE... THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

31522

State File No. _____

FILED SEP 16 1946

1003

Registration District No. _____ Primary Registration District No. _____

Registrar's No. 7793

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
7022 Ethel Ave.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 7022 Ethel Ave.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Helen V. Auburn
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 7
year 1946 hour 8 minute 0 P. M.
21. I hereby certify that I attended the deceased from 3-28-44
1944 to 9-9-46
that I last saw her alive on 9-4-46
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas W. Auburn
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 18 1873

Immediate cause of death Metastatic Carcinoma
Due to Breast carcinoma
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 'Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
73 4 19
9. Birthplace St. Louis Missouri

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

10. Usual occupation At Home
11. Industry or business _____
12. Name Timothy Moriarty
13. Birthplace Ireland
14. Maiden name Annastatia Mahony
15. Birthplace Ireland

16. (a) Informant Mrs. Norman Nast
(b) Address 1134 Francis Place
(c) Burial (b) Date thereof 9-11-46
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.
19. (a) SEP 9 1946 (b) J. J. Brudick

23. Signature Keath Wilson (M. D. or other) M.D.
Address 495 2 Maryland Ave Date signed 9-9-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration
3 yrs
4 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Fred Frick

Licensed Embalmer No. 3186.....

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.