

S. No. 2
 DM-543
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39025

State File No. _____
 Registrar's No. **9489**

Registration District No. **318** Primary Registration District No. _____

1005

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St Louis Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1215 Emmett Street
(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 _____
 (c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1215 Emmett Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Myrtle Christina Ronquest**
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov** day **5**
 year **1946** hour **3.20** minute _____ A. M.
 21. I hereby certify that I attended the deceased from **5/13**
 _____, 1946, to **11/5**, 1946
 that I last saw her alive on **11/4**, 1946
 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 **Married**
 6. (b) Name of husband or wife **Nelson** 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **May 23 1896**
(Month) (Day) (Year)

Immediate cause of death _____
 Due to **myocarditis death** **3 days**
thyroid carcinoma **13 months**
 Due to **dentures & renal nephritis** **13 months**

8. AGE:	Years	Months	Days	If less than one day
	50	5	12	hr. _____ min. _____

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.

9. Birthplace **Festus Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Mc Aviney**

13. Birthplace **Potosi Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine O'Hanlon**

15. Birthplace **Potosi Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nelson C. Ronquest**

(b) Address **1215 Emmett Street**

17. (a) **Burial** (b) Date thereof **11/7/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Wm C Moydell**

(b) Address **1926 Allen Av.**

19. (a) **NOV 6 1946**
(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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **Albert F Boma** (M. D. or other) _____
 Address **1847 1/2 St** Date signed **9/5/46**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Benny O. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen Ave

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.