S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35683

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9700

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3631a Page Avenue
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3631a Page Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Marie Dunn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 30, 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Michael Higgins 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Quigley
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Sara Higgins, sister
(b) Address 3631 Page Avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Harrigan & Sheahan
(b) Address 4415 Washington Bl.
19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1947 hour 2 minute 4 M.
21. I hereby certify that I attended the deceased from Jan 1935, 19 to Oct. 16, 1947
that I last saw her alive on Oct 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 0
23. Signature H H Blackelford (M. D. ~~or other~~)
Address 3903 Olive Date signed 10/20/47

(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.