

No. 3904
10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38152
State File No. 10494
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3523 Fair Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community:
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3523 Fair Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mary Theresa Glynn

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife John J. Glynn
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 29th., 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 2
If less than one day hr. min.

9. Birthplace St. Louis Mo. 7
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Martin Murphy 4

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

14. Maiden name MRS. Hynes /

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

16. (a) Informant Mr. John J. Glynn
(b) Address Centerville, Ill.

17. (a) Burial (b) Date thereof 12-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) DEC 3 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st.,
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 15th 1948 to Dec 1st 1948

that I last saw her alive on Dec 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic carcinoma of lymph nodes - Primary carcinoma of the cervix uteri
Due to

Duration 3 years

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.

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 A. J. Gashin (M. D. or other) mo
Address 3720 Washington Date signed 5/2/48

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

MOTHER FATHER

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..... *W Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.