JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43169
Do not use this space.

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1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 11419
(c) City St. Louis. (d) Street No. 2235A Mullanphy St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth B. Carney.
(a) Residence, No. 2235A Mullanphy St. St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter Carney.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 21, 1864.
7. AGE: YEARS 73 | MONTHS 0 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri. 1

FATHER
13. NAME: Patrick Regan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 15

MOTHER
15. MAIDEN NAME: Mary Cahill.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland. 15

17. INFORMANT (ADDRESS): Miss Mary Carney. 2235A Mullanphy St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary. DATE 19
19. FUNERAL DIRECTOR (ADDRESS): Arthur J. Donnelly. 3840 Lindell Blvd.
20. FILED DEC 12 1937 J. H. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1937, to Dec 11, 1937
I last saw her alive on Dec 11, 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis (acute exacerbation following a "Cold") 93C
Date of onset
Other contributory causes of importance: Arterio-Sclerosis
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. D. Becker M. D.
(Address) 2206 Howard St

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, W.H.Van Metre, Licensed Embalmer No. 2825

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W H Van Metre

Licensed Embalmer No. 2825

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.)