

REG'D MAR 13 1939

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

4809  
Do not use this space.

791  
1008

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City ST. LOUIS (d) Street No. FIRMAN DESLOGE HOSPITAL Registered No. 1502  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(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

MARY McNICHOLS  
(a) Residence, No. 4724 WESTMINSTER PLACE St. 12  
(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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>SINGLE</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>APRIL 4, 1918</b>		
7. AGE	YEARS	MONTHS
	<b>20</b>	<b>10</b>
		<b>11</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>LABORATORY</b>		
9. Industry or business in which work was done, as saw mill, bank, etc. <b>TECHNICAN</b>		
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) <b>ST. LOUIS MO.</b>		
13. NAME <b>HENRY J. McNICHOLS</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>ST. LOUIS MO.</b>		
15. MAIDEN NAME <b>MAY M. McCARTHY</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>ILLINOIS</b>		
17. INFORMANT <b>HENRY J. McNICHOLS</b> (ADDRESS) <b>4724 WESTMINSTER PLACE</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>CALVARY CEMT.</b> DATE <b>2-17-39</b>		
19. FUNERAL DIRECTOR (NAME) <b>ARTHUR J. DONNELLY</b> (ADDRESS) <b>3840 LINDELL BLVD.</b>		
20. FILED <b>FEB 16 1939</b> <i>J. D. Pridemore</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-39

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.30 P.M.  
The principal cause of death and related causes of importance were as follows:  
1st, 2nd, 3rd degree Burns of lower part of body as the result of a bolt which she was heating. Alcohol treatment and removal of clothing at Firman Desloge Hosp.  
Date of onset

Other contributory causes of importance:  
Shot one O'clock P.M. Feb. 11, 1939  
Damage to property \$25.00

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 2/11/39  
Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury See above  
Nature of injury 12

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify Alfred Perry  
(Signed) Alfred Perry  
(Address) Deputy Coroner

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.

**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.....

*Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

**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, above space should be left blank.**