

WHILE LEAVING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 11 1939

791
1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24414

Registrar's No. 6687

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo ✓
(b) City or town St. Louis Mo ✓
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hosp. 5535 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether
In this community 12 yrs
years, months or days)

3. (a) PRINT FULL NAME

MARY JANE LAWTHER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edwin

6. (c) Age of husband or wife if alive 6.1 years

7. Birth date of deceased March 17 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER

12. Name John H. Kirkup

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

14. Maiden name Winstanley

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

16. (a) Informant's own signature Edwin Lawther

(b) Address 5618 Vernon Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Aug 2 1939

(c) Place: burial or cremation St. Lukes Hosp

18. (a) Signature of funeral director Muller Bros

(b) Address 4259 Lindell Blvd

19. (a) JUL 31 1939
(Date received local registrar)

(b) J.F. Beck
(Signature of embalmers)

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. 5618 Vernon Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1939 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from approx. Nov 1938 to July 30 1939, that I last saw her alive on July 30 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma right breast with chest met.
Duration approx 14 yrs

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Radical operation

for carcinoma of R. breast Nov 1938
Of autopsy none

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 Edwin Lawther (M. D. or other)
Address 3720 W. Crown St. St. Louis Date signed July 31, 39

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 Howard T. Rowland

Licensed Embalmer No. 3114

P. O. Address Okeechobee, 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, above space should be left blank.