9 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 1 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30154

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1419

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7744 Mohawk Place. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 43 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town Clayton. (If outside city or town limits, write "RURAL")

(d) Street No. 7744 Mohawk Place. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ella S. McGrievy. 261

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 Single.

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 23 (Day) 1896 (Year)

8. AGE: Years 43 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Registered Nurse.

11. Industry or business

FATHER
12. Name Patrick J. McGrievy.
13. Birthplace St. Louis. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Higgins.
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mary McGrievy
(b) Address 7744 Mohawk Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

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

19. (a) AUG 9 1939 (Date received local registrar) (b) W R Meyer M D Dr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th. year 1939. hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from July, 1937, to Aug 7th, 1939 that I last saw her alive on Aug 5th, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Lift Lung	3 mos.
Due to: Ca. Breast + Lext + Right	9 mos.
Due to: 50	
Other conditions (Include pregnancy within 3 months of death): Hemiplegia (Lift) Cerebral Embolus	

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? 74 (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Alphonse McMahon (M. D. or other) M.D.
Address 806 Missouri Bldg Date signed 8/7-39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 24 1944

AUG 18 1944

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 F. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of St Louis

State File No. 30154
Local Registrar's No. 1419

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 4th day of August, 1944, before me appears Genevieve M McGrieny, who, upon her oath, states that the original record of ~~birth~~ death for Ella J. McGrieny, ~~died~~ born August 7, 1889, in the State of Missouri, and which was filed at Clayton Mo on 1939, should be corrected as follows:

Item No. 3 a should read Ella J. McGrieny

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Genevieve M McGrieny Sister
Relationship.

1649 University Dr
University City Mo
Present Address.

Subscribed and sworn to before me this 14th day of August, 1944.

My Commission expires April 7, 1947 Robert G. Mills Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
10M-8-42
I X33820