

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4443  
Registrar's No. 1273

Registration District No. 701 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
4120 West Pine Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years  
In this community 40 Years  
years, months or days

3. (a) PRINT FULL NAME Mary A. Raleigh

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 22, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 15 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name James Raleigh

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

14. Maiden name Mary Barry

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

16. (a) Informant's own signature Mrs. Eugene P. Reno

(b) Address 4120 West Pine Blvd.

17. (a) Burial (b) Date thereof 2-9-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Honnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 9 1940 (b) J. J. Braddock  
(Date received local registrar) (Registrar's signature)

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. 4120 West Pine Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 40 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 10  
Oct. 10<sup>th</sup>, 1939, to Feb 7, 1940  
that I last saw her alive on Oct. 7<sup>th</sup>, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Permeous Anaemia Duration 8 mos

Due to age

Due to \_\_\_\_\_

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

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accidental, 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 Orrick E. Smith (M. D. or other) \_\_\_\_\_  
Address 4103 W. Pine Date signed 2-

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 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.**