No. 2
1-10-39
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X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5121

State File No. _____

Registration District No. 791 | Primary Registration District No. 1003. | Registrar's No. 1951

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 2
5011 Page Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

0 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 5011 Page Blvd. (If rural, give location)

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

3. (a) PRINT FULL NAME 540 Mary Bomli

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Bomli

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September (Month) 20 (Day) 1877 (Year)

8. AGE: Years 62 | Months 5 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation House Wife 5

11. Industry or business At Home

FATHER 12. Name James Elliott 5

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

MOTHER 14. Maiden name Mary McMann

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

16. (a) Informant William Bomli

(b) Address 5011 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles F. Stuart

(b) Address 1225 Union Blvd.

19. (a) FEB 26 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25 year 1940 hour 3:10 minute P. M.

21. I hereby certify that I attended the deceased from December 29, 1939, to February 25, 1940 that I last saw her alive on February 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum	1 mo 26 days
Primary Metastases of Liver	1 mo 26
Due to Carcinomatosis	1 mo 26
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Louis N Kenner (M. D. or other) E

Address 1303 N Kingshighway Date signed Feb 26-40

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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.