

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9097
2580
Registrar's No. _____

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3737 Washington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Cecelia Singen

8. (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 Widowed

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 19 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Patrick Kelly

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

14. Maiden name Catherine White

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

16. (a) Informant May Kelly
(b) Address 3737 Washington Ave.

17. (a) Burial (b) Date thereof 3-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAK 18 1940 (b) J. B. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 3737 Washington Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2.15, 1940, to 3.17, 1940

that I last saw her alive on 3.16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Silico myo carditis 2 yrs
Caecum 2 mo

Due to Carcinomatous 6 mo

Due to Primary site unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 53

Of autopsy _____

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 Wm. A. G. Gino (M. D. or other) _____
Address 4603 Date signed 3.18.40

Duration
Due to
Due to
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *Robert G. Hepper*

Licensed Embalmer No. *2971*

P. O. Address.....

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.