R 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 1884

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12374

Primary Registration District No. 200

Registrar's No. 556

1. PLACE OF DEATH:

(a) County: ST. LOUIS

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

(c) Name of hospital or institution: Mount St. Rose Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/13/34 to 3/18/40 (Specify whether years, months or days)

In this community 3 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: St. Louis, Missouri - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 7353 Marietta Ave., Maplewood, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME: WILLIAMS, CATHERINE

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: Seperated

6. (b) Name of husband or wife: Charles Williams

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: July (Month) 2 (Day) 1892 (Year)

8. AGE: Years 48 Months 8 Days 16 If less than one day ____ hr. ____ min.

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

10. Usual occupation: None

11. Industry or business: ____

FATHER
12. Name: Edward G. Moore
13. Birthplace: ____ (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name: Nora O'Malley
15. Birthplace: ____ (City, town, or county) Ireland 5 (State or foreign country)

16. (a) Informant's own signature: Mary Stott
(b) Address: 7353 Marietta

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-20-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Jay B. Smith 767
(b) Address: 7456 Manchester

19. (a) MAR 19 1940 (Date received local registrar) (b) A. R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1940 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 1, 1939 to March 18, 1940, that I last saw her alive on March 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Fat embolism Pulm tuberc

Due to: 2 3

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: ____
Of autopsy: ____

Duration

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: B. E. Bauman (M. D. or other) 1
Address: 9101 So Broadway Date signed 3-18-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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