

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34005

8702

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Hickey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 9, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Chalmers

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

14. Maiden name Laura (Unknown)

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

16. (a) Informant Cecilia Swengross

(b) Address 5040 Shaw Ave.,

17. (a) Burial (b) Date thereof 20/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Und. Co.

(b) Address 2849 N. Euclid

19. (a) OCT 22 1940 (b) J. F. Butler
(Date received and registered) (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. No. 20 Lewis Place.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20,
year 1940 hour 4:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from October
19, 19 40 to October 20, 19 40.
that I last saw h. er alive on October 20, 19 40.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis.

Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy No

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John J. Meany (M. D. or other)

Address 1715 Lafayette Avenue, Date signed 10/21/40

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.....

Al Mayfield

Licensed Embalmer No.....

3077

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, fact should be so stated above.