

STANDARD CERTIFICATE OF DEATH

36321
State File No.

Registration District No. 184

Primary Registration District No. 106

Registrar's No. 1892

FILED NOV 25 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
310 Altus Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 310 Altus Place.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME VIRGINIA E. STORK.

3. (b) If veteran, name war None 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 Harry H. Stork. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 12, 1866.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Edward McDonald.

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

14. Maiden name Mary E. McKeenan.

15. Birthplace Nova Scotia, Canada.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry H. Stork.

(b) Address 310 Altus Place.

17. (a) Burial (b) Date thereof 10-9-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) OCT - 7 1940 (b) R. Meyer
(Date received locally) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th.
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from May, 1940, to Oct 5th, 1940, that I last saw her alive on Oct. 4th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder

Due to _____

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (c) Means of injury _____

23. Signature W. Alexander Smith (M. D. or other) 1

Address W. Webster Brown Date signed 10/7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10103

Dr. Wm.A.Smith.
111 West Lockwood Blvd.
Hours 3-to 5 P.M.
Telephone Webster 75

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5961 Eastern

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.