

FILED NOV 25 1940
784

Registration District No. _____

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Glencoe, Mo. Meremac Twpsh.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether 20)
In this community 23 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Mary Higgins,

3. (b) If veteran, name was none

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 William Higgins,

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

7. Birth date of deceased Dec. 10, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	10	20	_____ hr. _____ min.

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

10. Usual occupation Housewife,

11. Industry or business Own home,

MOTHER FATHER { 12. Name William Rank,

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

14. Maiden name Emily Gilmore,

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

16. (a) Informant Robert Higgins,

(b) Address Glencoe, Mo.

17. (a) Burial (b) Date thereof Nov. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schnader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) OCT 31 1940 (b) R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 3, 1940, to Oct. 30, 1940;
that I last saw her alive on Oct 29, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____

Due to 46

Other conditions Senile changes.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 B. P. Loving (M. D. or other) MD

Address Ballwin Mo. Date signed 10.30.40

Duration

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.....

Theo. Schrader

Licensed Embalmer No.

3066

P. O. Address.....

Bellwin, Mo.

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.