

Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1711 A N. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 1711 A N. Grand Blvd. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT

FULL NAME Marie L. Mc Bride

3. (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
James A. Mc Bride

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

7. Birth date of deceased January
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 13 hr. min.

9. Birthplace Ottawa Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name Peter Bernard

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

14. Maiden name D. Kelly
15. Birthplace Ottawa Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant H. J. Krembs

(b) Address 1013 Ambassador Bldg.

17. (a) Burial (b) Date thereof Jan. 31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Illinois

18. (a) Signature of funeral director J. W. Clark
(b) Address 1125 Hodgiamont Ave.

19. (a) JAN 29 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 3rd
1940, to Jan 28, 1941;
that I last saw her alive on Jan 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis chronic 2 yr

Due to Senility

Due to 93d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93c

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 C. J. ... (M. D. or other) 0
Address 1816A N Grand Date signed 1-29-41

Duration

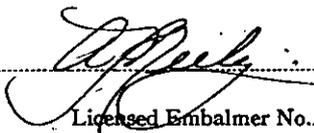
PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Dr. B. Connor
1316th Street Ave

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 
Licensed Embalmer No. 3225
P. O. Address 1125 Hodiament Ave.

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.