

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4233, ✓

State File No. _____

FEB 14 1941 *789*

Registration District No. _____

Primary Registration District No. *106*

Registrar's No. *99*

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(c) Name of hospital or institution:
R. R. # 13 Kirkwood, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 13 Kirkwood, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mary H. McCarron

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased June 6 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name William L. Lynch

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

14. Maiden name Mary Gibson

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

16. (a) Informant Janneth M. S. Carron

(b) Address R. R. # 13 Kirkwood, Mo.

17. (a) Burial (b) Date thereof 1-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Louis H. Hoff Inc

(b) Address Kirkwood, Mo.

19. (a) JAN 16 1941 (b) J. R. Meyer, M.D.
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1941 hour 9:45 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 5
_____ 1941 to Jan 16 1941;
that I last saw her alive on Jan 16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension Duration 7 yr.

Due to General arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

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 J. Swath M.D. (M. D. or other) _____
Address Kirkwood Mo. Date signed 1/16/41

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

9600

9600

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.....

Corius H. Boff

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Corius H. Boff

Licensed Embalmer No. *921*.....

P. O. Address *Putnam*.....

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.