No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15849

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 741

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Edgewood Nursing Home 4 (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 Missouri (b) County 006

(c) City or town ~~5381~~ St. Louis 19 (If outside city or town limits, write "RURAL")

(d) Street No. 5381 St Louis Ave 9 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — /

3. (a) PRINT FULL NAME Catherine Carney

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James J. Carney

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

7. Birth date of deceased March (Month) 26 (Day) 1891 (Year)

8. AGE: Years 50 Months 0 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name James Devine
13. Birthplace Ireland (City, town, or county) (State or foreign country) U

MOTHER
14. Maiden name Anne Spain
15. Birthplace Ireland (City, town, or county) (State or foreign country) U

16. (a) Informant James J. Carney

(b) Address 5381 St Louis Ave., St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Bros

(b) Address 2849 No Euclid Ave

19. (a) APR 4 1941 (Date received local registrar) (b) T. A. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1941 hour 7 minute 45a M.

21. I hereby certify that I attended the deceased from Mar. 31, 1941, to April 3, 1941; that I last saw her alive on April 3, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 da.
Due to Chr. Bronchitis	12 da
Due to 131 b	
Other conditions Chr. nephritis (Include pregnancy within 3 months of death)	10 yrs

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other) [signature]

Address 340 Bermuda Date signed 4-3-41

(Licensed Embalmer's Statement on Reverse Side)

Mr. G. H. Klinkerfuss
340 Bermuda Ave
Evergreen 4940

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.