

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16334**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3852**

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:
3531 Arsenal St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 54 years

8. (a) PRINT FULL NAME Mary E. Stover

8. (b) If veteran, name war ---

8. (c) Social Security No. None

4. Sex Female

6. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frank

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

7. Birth date of deceased September 20, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

12. Name John Curley

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret A. Stover

(b) Address 3531 Arsenal

17. (a) Burial (b) Date thereof 5/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mackey-Walden

(b) Address 2331 S. Broadway

19. (a) MAY 6 1941 (b) J. H. Bruteck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3531 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 7 minute 10a. M.

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

Immediate cause of death Cerebral hemorrhage

Duration 6 1/2

Due to _____

Due to _____

Other conditions 80
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 30 2/3
Of operations _____

Of autopsy _____

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 0

23. Signature G. M. Schuricht (M. D. or other) _____
Address 2327 S. 12th St. Date signed 5-5-41

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..... *Frank J. Hyland.*

Licensed Embalmer No..... *12645*

P. O. Address..... *St Louis*

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.