

No. 2  
-1-4-41  
-17-39  
\*26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16955  
State File No. 4473  
Registrar's No. 4473

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether  
In this community Life (Specify whether  
years, months or days)

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") 123  
(d) Street No. 1497 Franklin  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Francis Westley  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Paul  
6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased July 8, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 9 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Pearce Fitzpatrick

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

14. Maiden name Anna (Unknown)

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

16. (a) Informant Ann Harrison

(b) Address St. Louis City Hospital #1.

17. (a) Burial (b) Date thereof 5-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) MAY 28 1941 (b) W. J. White  
(Date received) (Registrar's signature)

(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27,  
year 1941 hour 12:58 minute A. M.  
21. I hereby certify that I attended the deceased from April  
26, 1941 to April 27, 1941.  
that I last saw her alive on April 27, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of ovary  
Latin pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) HA

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 Henry E. Lettich (M. D. or other) 4/29/41

Address 1515 Lafayette Ave. Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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.....

P. O. Address.....

**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.**