

S. No. 2
M-1-4-41
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19089**

PIPER JUN 6 1941

Registration District No. **184**

Primary Registration District No. **109**

Registrar's No. **993**

96
5
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**
Maplewood Mo

(b) City or town **Maplewood Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
164 S. Maple Ave
(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 **St. Louis**

(c) City or town **Maplewood Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. **164 S. Maple Ave**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Sullivan**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9th** day **May**
year **1941** hour **11:15** minute **A.** M.

4. Sex **Female** 5. Color or race **White**

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

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

21. I hereby certify that I attended the deceased from **10-28-40**
19..... to **May 9** 1941
that I last saw her alive on **May 18** 1941
and that death occurred on the date and hour stated above.

7. Birth date of deceased **September 16**
(Month) (Day) (Year)

8. AGE: Years **84** Months **7** Days **23**
If less than one day hr. min.

Immediate cause of death
Carcinoma of uterus 2 years

9. Birthplace **Athens Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

Due to.....
Due to.....
Other conditions **Heart attack**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....

12. Name **Michael Shea**

13. Birthplace **Ireland** (State or foreign country)

14. Maiden name **Margaret Fleming** (City, town, or county) (State or foreign country)

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Ed. A. 1 [unclear]**

(b) Address **164 Maple Ave Maplewood Mo**

17. (a) **Burial** (b) Date thereof **May 12 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cal vary Cemetery**

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) (e) Means of injury.....

18. (a) Signature of funeral director **Petz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **MAY 10 1941** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **[Signature]** (City, town, or county)

Address **17 E. [unclear]** Date signed **May 10**

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. Owens.....

Licensed Embalmer No. 2245.....

P. O. Address St Louis Mo.....

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.