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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23587

FILED AUG 28 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5929

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

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1516 N Vandeventer
(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) 1
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 N Vandeventer
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY LECHLER
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Lechler
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug 10, 1869 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 8 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Cornelius Kelleher
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Mary Flynn
15. Birthplace Ill (City, town, or county) (State or foreign country) 1
16. (a) Informant Edward Lechler
(b) Address 1516 N Vandeventer
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Joseph Quinn
(b) Address 1338 Ethelbert Ave
19. (a) JUL 20 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1941 hour 11:10 minute 8 M.
21. I hereby certify that I attended the deceased from May 20, 1941, to July 18, 1941; that I last saw her alive on July 18, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of both ovaries | Indefinite |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) none | |
| Major findings: Of operations inoperable | |
| Of autopsy no | |

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 Harry H Meyer (M. D. or other) O
Address 4903 Delmar Date signed 7/19/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 B. W. Finn

Licensed Embalmer No. 1571

P. O. Address.....

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

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