No. 2
1-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32998

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7950

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hours (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1429 Chouteau Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DOROTHY MYRACLE

3. (b) If veteran, name war none

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 William Myracle

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January (Month) 7 (Day) 1910 (Year)

8. AGE: Years 31 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Detroit, Michigan (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Peter Golovich
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant William Myracle
(b) Address 1429 Chouteau Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 6 (Day) 41 (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) OCT 6 1941 (Date received local registrar) (b) J J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day fifth year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 4, 1941, to Oct 5, 1941; that I last saw her alive on Oct 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus — Duration unknown

Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

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 H. G. Moore (M. D. or other)
Address 1004-60-18 Date signed Oct 6 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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.