

FILES FEB 27 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3166 Hampton Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
3166 Hampton Avenue
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 22 day
year 1942 hour 7 minute P M.

21. I hereby certify that I attended the deceased from July
1941 to January 1942
that I last saw her alive on January 20th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Colon
Duration About 6 Mo

Due to

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?

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

23. Signature Arnold S. Plummer M. D. or other
Address 2632 S. Kings Highway Date signed 1/23/42

3. (a) PRINT FULL NAME Frances L. Deno

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 8, 1880
(Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 14 If less than one day
hr. min.

9. Birthplace Warren Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name David Woods

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

14. Maiden name Helen McIntyre

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

16. (a) Informant Mr. Henry P. Deno

(b) Address 3166 Hampton Ave

17. (a) Cremation (b) Date thereof 1/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

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

19. (a) 1-23-1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.