

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

581

Registration District No. _____

791

Primary Registration District No. _____

1002

Registrar's No. _____

403

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: DePaul Hospital
(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 Birth
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. 4509 N. 19th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th
year 1942 hour 2:10 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 12 1942
to Jan 12 1942
that I last saw her alive on Jan 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Chronic nephritis
Due to _____
Due to _____

Duration _____

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 sta-
tistically.

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 W. H. White (M. D. or other) _____
Address 2803 Millington Highway Date signed 1-13-42

3. (a) PRINT FULL NAME

Lillian McNamara

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 Michael McNamara 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 3, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name John Hunt

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

14. Maiden name Mary Bowman

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

16. (a) Informant Michael McNamara

(b) Address 4509 N. 19th St.

17. (a) Burial (b) Date thereof 1/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 14 1942 (b) J. F. Bredeck
(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.....

Ronald Hampton

Licensed Embalmer No.....

2969

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.