

FILED FEB 24 1942
 791

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution St. Mary's
 (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)

3. (a) PRINT FULL NAME Lupe Mae
 3. (b) If veteran, name war No 3. (c) Social Security No. none

5. Color of hair Black 5. Color of eyes Blue
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Mae
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 3 1877
 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Mae

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

14. Maiden name Unknown

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

16. (a) Informant John J. Met
 (b) Address 5716 Perry Ave.

17. (a) Burial (Burial, cremation, or removal) Galvary, Ga. (b) Date thereof Jan. 30, 1942
 (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Chas. S. Street
 (b) Address 1225 Union Blvd.

19. (a) JAN 29 1942 (Date received local registrar) (b) J. J. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (d) Street No. 5716 Perry (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Ireland

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 28 year 1942 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from January 10, 1942 to January 28, 1942 that I last saw him alive on January 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia complicated with uremia

Due to Hypertension of left kidney

Due to Double carcinoma

Other conditions (Include pregnancy within 3 months of death) 520

Major findings: Of operations _____

Of autopsy 51

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 Joseph P. Davis (M. D. or other) H.P.
 Address 508 N. Grand Blvd. Date signed 1/29/42

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

*R.N. Soc. P. Briggs
J.E. 4141
Metropolitan Bldg.*

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.....

Bernard J. Stueck

Licensed Embalmer No.....

13500

P. O. Address.....

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.