. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4992

FILED MAR 24 1942

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1989

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: Desloge Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1247

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

(d) Street No. 4578 Kensington Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bridget Stack

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 Single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Oct. (Month) 12 (Day) 1855 (Year)

8. AGE: Years 96 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Unknown
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 Josie Williams
(b) Address 1481 Belt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 2 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1942 hour 5 minute 50 AM M.

21. I hereby certify that I attended the deceased from 2/28/42, 19 to 3/2/42, 19
that I last saw her alive on 3.2, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia (Bronchial)	24 Hrs
Due to Arteriosclerotic Heart Disease & Hypostatic Congestion	24 Hrs
Due to Fr. of Neck Humerus	48 Hrs
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) Fall on 2/28/42
(b) Date of occurrence 2/28/42
(c) Where did injury occur? At Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Bathroom (Specify type of place)
While at work? (e) Means of injury

23. Signature K. F. Fritsch (M. D. or other)
Address Desloge Hospital Date signed 2/3/42

(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.....J. Wm. Binkley.....

Licensed Embalmer No.....3653.....

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.