

FILED APR 8 1942

Primary Registration District No. **1003**

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: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution about 10 months  
(Specify whether years, months or days)  
In this community about 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 960 Beach Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ---

3. (a) PRINT FULL NAME MARY E. McILVAINE

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Joseph Christy 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased November 6, 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Mt. Morris New York  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Samuel Spencer  
13. Birthplace Connecticut  
(City, town, or county) (State or foreign country)  
14. Maiden name Phoebe Evarts  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Elvaine  
(b) Address 960 Beach

17. (a) burial (b) Date thereof 3/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander's Sons  
(b) Address 6175 Delmar Blvd.

19. (a) J. J. Bruck (b) J. J. Bruck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1942 hour 7:45 minute 0 A. M.

21. I hereby certify that I attended the deceased from July 9, 1939  
to March 9, 1942  
that I last saw her alive on March 8, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchitis  
Mesothelioma  
Cerebral Hemorrhages First  
Due to Adenocarcinoma  
Advanced stage

Due to Bladder analysis Cystitis  
Pyelitis  
no stone  
Other conditions Cystitis Cystitis  
(Include pregnancy within 6 months of death)

Major findings: Of operations 830  
Of autopsy 470  
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 J. J. Bruck (M. D. or other) 10  
Address 8641 N. Hamilton Date signed 3-16-42

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

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**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..... *Joseph E. McCulloch* .....  
Licensed Embalmer No. *2460* .....  
P. O. Address *6170 Delmar* .....  
*Delmar, Delaware*

**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.**