

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9386

FILED APR 17 1942

Registration District No. 1

Primary Registration District No. 100

Registrar's No. 3080

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

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:
1239 Amherst Place
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1239 Amherst Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLEN WEST

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 widow

6. (b) Name of husband or wife John R. West 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased: August 1 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 4 hr. min.

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

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER

12. Name James S. Linthicum

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

14. Maiden name Sarah McClellan

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

16. (a) Informant H. J. Markham

(b) Address 1239 Amherst Pl

17. (a) removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baltimore, Maryland

18. (a) Signature of funeral director A. Iron T. U. Co

(b) Address 2707 N. Grand Bl'vd

19. (a) APR 6 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 5
year 1942 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 4
1942 to April 5, 1942
that I last saw her alive on April 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to Cardio-vascular renal disease

Other conditions 1/2/1
(Include pregnancy within 3 months of death)

Major findings: 1/2/1
Of operations _____
Of autopsy _____

Duration

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. B. Barger (M. D. number) _____
Address 607 N. Grand Date signed 4/6/42

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 Paul F. Grollenberg
Licensed Embalmer No. 2631
P. O. Address 1207 W. Grand Blvd

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.