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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16401

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 4928

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: MISSOURI BAPTIST HOSP
(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 Mo. (b) County
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5459 VERNON AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH McDONOUGH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

6. (a) Single, ~~widowed, married,~~ divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 4 (Day) 1874 (Year)

8. AGE: Years 68 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation W.P.A. CLERK

11. Industry or business

FATHER
12. Name PATRICK McDONOUGH
13. Birthplace 4 IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA KING
15. Birthplace 4 IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Miss Nonie McDonough
(b) Address 5459 Vernon Ave

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6-8-'42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Calvary Cem

18. (a) Signature of funeral director L. Mueller
(b) Address 5165 Delmar Blvd

19. (a) [illegible] (Date received local registrar) (b) J. T. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4 year 1942 hour 9 minute 9 A. M.

21. I hereby certify that I attended the deceased from Apr 10, 1942, to June 4, 1942 that I last saw her alive on June 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse Cystic Adenocarcinomatosis - Abdomen + Chest — Duration 6-7 mos?

Due to Cystic Adenocarc. of Ovary

Due to

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

Major findings: Of operations Cystic Adenocarc. Ovary

Of autopsy Diffuse Cystic Adenocarcinomatosis - Abdomen + Chest

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. T. Nakada (M. D. or ~~other~~)
Address Humboldt Bldg. Date signed 6/5/42

(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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.