

FILED JUL 27 1942  
Registration District No. 784

Primary Registration District No. 106

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

1. PLACE OF DEATH:  
 (a) County St. Louis County  
 (b) City or town Kirkwood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(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 Alice L. McIlvaney  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Chas. P. (c) Age of husband or wife if alive unkn years  
 7. Birth date of deceased Sept. 26th, 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	9	16	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Schroeder  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Laranda Dufaux  
 15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. P. McIlvaney  
 (b) Address 1036 Curran Ave, Kirkwood, Mo

17. (a) Burial (b) Date thereof July 15th, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix  
 (b) Address 3402 N. Kingshighway

19. (a) JUL 14 1942 (b) C. G. McIlvaney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County St. Louis  
 (c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1036 Curran Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 12th  
 year 1942 hour 9 minute A.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.  
 Due to Rupture of aorta;  
Endocarditis.  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy Yes.  
 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 3  
 23. Signature Louis H. Berg (M.D. or other) \_\_\_\_\_  
 Address Kirkwood, Mo. Date signed 7/13/42

**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 \_\_\_\_\_

*Louis H. Bopp*

Licensed Embalmer No. \_\_\_\_\_

*721*

P. O. Address \_\_\_\_\_

*Kirkwood 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, above space should be left blank.**