

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 32072
Registrar's No. 9207

Filed NOV 11 1942 318
Registration District No. _____

Primary Registration District No. _____

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:
City Hospital # 10
(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: 000
17

(a) State Missouri (b) County _____

(c) City or town St. Louis 7 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3529 a Clarence Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Irvin

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas Irvin

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Oct 3rd 1908
(Month) (Day) (Year)

8. AGE: Years 34 Months 0 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Hoyt

13. Birthplace Unknown 7
(State or foreign country)

14. Maiden name Mattie Lee

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Irvin

(b) Address 3929 a Clarence Ave

17. (a) Burial (b) Date thereof 11/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) NOV 4 1942 J. J. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 2
year 1942 hour 4 minute 55p M.

21. I hereby certify that I attended the deceased from September 26, 1942, to November 2, 1942;
that I last saw her alive on November 2, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary with metastasis

Other conditions Fused fistula
(Include pregnancy within 3 months of death)

Due to _____

Due to _____

Major findings:
Of operations _____

Of autopsy Confirmed above

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 C

23. Signature Robert R. Hartman (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date signed 11/4/42

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

Ernest J. Street

Licensed Embalmer No. 2265

P. O. Address 216 W. 9th Bridge

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.