V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35736

FILED DEC 11 1942 Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10083

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

1. PLACE OF DEATH:

(a) County St. Mary Hosptial

(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. Mary ~~Hospital~~ Infirmary. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 21 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 21

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

(d) Street No. 2714A Franklin Ave. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emma Mc. Neary

3. (b) If veteran, name war None

3. (c) Social Security No. 486-18-9482

4. Sex Female

5. Color or race Col. 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jessie Jessy Mc. Neary

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. (Month) 8 (Day) 1890 (Year)

8. AGE: Years 52 | Months 0 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Madison P. (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation HouseWife

11. Industry or business

FATHER
12. Name Nelson Hayes
13. Birthplace Madison P. (City, town, or county) La. 1 (State or foreign country)

MOTHER
14. Maiden name Rebecca Boldon
15. Birthplace Madison P. (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Jess Mc. Neary

(b) Address 2714 A Franklin Ave.

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

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Dement & Son

(b) Address 2629- 31 Cole St.

19. (a) DEC 3 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1942 hour 10:00 minute 8 M.

21. I hereby certify that I attended the deceased from Nov. 17th, 19.. to Nov 27th, 1942 that I last saw her alive on Nov. 27th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chron. Interst. Stitial Nephritis

Duration 2 mo

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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 D. E. Taylor (M. D. or other)

Address 3136 Chauteau Date signed 12/1/42

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar 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.