S. No. 2
M—5-42
7. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1943 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38987

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 35

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: 4371 Tholozan Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 157
(If outside city or town limits, write "RURAL")

(d) Street No. 4371 Tholozan Ave. 9
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna Law

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Chas. E. Law

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

7. Birth date of deceased January 14, 1865 (Month) (Day) (Year)

8. AGE: Years 77 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Lawerance Curley

13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER 14. Maiden name Bridget Maloney

15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Mary Sturley

(b) Address 4371 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JAN 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1943 hour 6 minute 0 P. M.

21. I hereby certify that I attended the deceased from ~~Jan~~ Dec. 31 1942, 19 42, to Jan. 1, 19 43. that I last saw her alive on Dec 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Acute Decompensation — Duration 48 h.

Due to Senility - Nephritis, Chronic

Due to

Other conditions (Include pregnancy within 3 months of death) 121

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 Norman B. Miller (M. D. or other) MD

Address 3616 S. Broadway Date signed 1-3-43 1-3-43

(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 Gary A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.