S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 390

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 716

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1434 N. 21st St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Irving

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Colored

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

6. (b) Name of husband or wife Robert Irving

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

7. Birth date of deceased June 19, 1895 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	2	9	hr. min.

9. Birthplace (City, town, or county) Alabama 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Sims
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Shirley Smith
(b) Address 2601 N. Whittier St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director J. Ryan
(b) Address 5800 Arsenal

19. (a) JAN 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 28, day 21
year 1942 hour 1 ~~10~~ minute 45 A. M.

21. I hereby certify that I attended the deceased from July 28, 1942 to August 28, 1942
that I last saw her alive on August 28, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metatastic Cancer of lung (from breast focus)	6 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

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 C. R. Merry (M. D. ~~or other~~)
Address 2601 Whittier Date signed 12/21/42

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.