

S. No. 2  
M-5-42  
5-17-39  
X32873

782

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **982**

318

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1280 Wagoner Terrace  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County 000 12 5  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1280 Wagoner Terrace  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET STANTON

3. (b) If veteran, name war no 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH January 29 day 29  
 year 1943 hour 12:45 minute H. M.

4. Sex Female 5. Color Wh  
 6. (a) Single, widowed, married, divorced 1 married  
 6. (b) Name of husband or wife Phillip  
 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased March 17 1892  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1943 to Jan 29 1943  
 that I last saw her alive on Jan 18 1943  
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ mi.

Immediate cause of death Chronic Arthritis (Pneumomaton) Duration 3 mo.

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

Due to 12/1  
 Due to \_\_\_\_\_

10. Usual occupation at Home

Other conditions Chronic Arthritis (Rheumatoid) Duration 2 yr  
 (Include pregnancy within 3 months of death)

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

Major findings: no Of operations \_\_\_\_\_  
 Of autopsy no Underline the cause to which death should be charged statistically.

12. Name Thomas Mc Mahon

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

14. Maiden name Catherine Mc Mahon

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

16. (a) Informant Phillip Stanton

17. (a) Address 1280 Wagoner Terrace

18. (a) Signature of funeral director John F. Straub  
 (b) Address 1225 Union Blvd.  
 19. (a) JAN 30 1943 (Date received local registrar) J. F. Straub (Registrar's signature)

22. If death was due to external causes, fill in the following: \_\_\_\_\_  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 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 \_\_\_\_\_

23. Signature Wm J. Lang (M. D. or other) \_\_\_\_\_  
 Address 5803 Gaywood Date signed Jan 29/43

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

*G. W. Wilkinson*

Licensed Embalmer No.

3575

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.