S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3472

State File No. .....

FILED FEB 10 1943

Registration District No. 1344

Primary Registration District No. 101

Registrar's No. 77

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7718 Maryland Ave. (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 43 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton (If outside city or town limits, write "RURAL")
(d) Street No. 7718 Maryland Ave. (If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME MARY AGNES LOUREE

3. (b) If veteran, name war None

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 Daniel E. Louree

6. (c) Age of husband ~~or wife~~ if alive 65 years

7. Birth date of deceased June (Month) 25 (Day) 1880 (Year)

8. AGE: Years 62 Months 6 Days 8 If less than one day 9 hr. 15 min.

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

10. Usual occupation Builder

11. Industry or business Home Building

MOTHER FATHER

12. Name Patrick Mc Carthy

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

14. Maiden name Eliza Ellen Shocklee

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

16. (a) Informant Grace Mc Carthy
(b) Address 7718 Maryland, Clayton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) / 5 (Day) / 43 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Watson-Bockelage
(b) Address 6536 Clayton Road, R. H. Mo.

19. (a) JAN 5 - 1943 (Date received local registrar) (b) C. H. McFarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd. year 1943 hour 9 A.M. minute 15 M.

21. I hereby certify that I attended the deceased from 10-24-1942 to Jan 3-1943 that I last saw h~~e~~er alive on Jan-3rd 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shaken Epileptic	12 days
Due to: Tumor of brain	6 mos.
Due to: Diabetes Mellitus	8 yrs.
Due to: Hypertension	3 yrs.
Other conditions: Pneumonia Bronchial (Include pregnancy within 3 months of death)	1 day

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 P. E. Keston (M. D. or other)
Address Wilbetta Grover Date signed 1-4-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1943

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. 2575

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.

FEB 1 1943

. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3472

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 22

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Mary Agnes Lowree

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 25 (Day) 1880 (Year)

8. AGE: Years 62 Months 6 Days 8 If less than one day 15 min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus 1 Brain Tumor / malignant Diabetes mellitus

Due to Hypertension Pneumonia Bronchial

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 54 b
Of autopsy none

Duration: 12 day, 6 mo, 2 yrs, 3 yrs, 24 hrs

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury

23. Signature Ralph E. Gaston (M. D. or other)
Address Webster Groves, Mo Date signed

3472