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S. No. 2
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5-17-39
I 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

4447

State File No.

FILED FEB 23 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1389 94

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Francois

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Rose Mae Lahey

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F.

5. Color or race W

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

6. (b) Name of husband or wife Charles G. Lahey

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan (Month) 26 (Day) 1887 (Year)

8. AGE: Years 56 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James House
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ward
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles G. Lahay
(b) Address Rural Route 5 Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) FEB 11 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10, year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from February 9, 1943 to February 10, 1943; that I last saw her alive on February 10, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to adenocarcinoma of the ovary	
Due to	
Other conditions — none — (Include pregnancy within 3 months of death)	
Major findings: Of operations Same	
Of autopsy Refused	

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 Robert R. Hartman (M. D. or other) M.D.

Address 1515 Lafayette Avenue, Date 2/10/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1943

MAR 2 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 Wilford T Burnley

Licensed Embalmer No. 4202

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.