

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1408**

FILED FEB 23 1943 818

Registration District No. _____ Primary Registration District No. **1003**

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:
2506 N 22nd Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 51 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2506 N. 22nd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10
year 43 hour 6 minute 25 M.

21. I hereby certify that I attended the deceased from 3
3, 1943, to 2-10, 1942

that I last saw him alive on 2-7-43, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. W. Dewing (M. D. or other) M.D.
Address 2342 St Louis Date signed 2/12/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Nolan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daved Nolan 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 4 9 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 1 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jas Delavgy

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

14. Maiden name Margaret Mc. Keeven

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

16. (a) Informant Mrs. Margaret Curtin

(b) Address 2508 N 22nd Street

17. (a) Burial (b) Date thereof 2 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hoodhart & Hoodhart

(b) Address 13 228 St Louis Ave.

19. (a) FEB 13 1943 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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

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.....

Marie A. Cashion

Licensed Embalmer No. *3949*

P. O. Address *St. Louis Mo*

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.