. S. No. 2
M—9-4-41
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8565

FILED APR 3 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2889

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: ST. ANTHONY HOSPITAL, O (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 MISSOURI (b) County St Louis 46
(c) City or town ~~ST. LOUIS~~ Lemay, MR (If outside city or town limits, write "RURAL")
(d) Street No. 8643 S. GRAND. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME CORA MAHER.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIAM MAHER
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased DECEMBER 9 - 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	12	..... hr. ..... min.

9. Birthplace WISCONSIN / (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER.
11. Industry or business OWN
FATHER
12. Name ISAAC LONGWELL
13. Birthplace WISCONSIN / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARIE UNKNOWN /
15. Birthplace WISCONSIN / (City, town, or county) (State or foreign country)
16. (a) Informant Mr Wm Maher
(b) Address 8643 S. Grand Blv.
17. (a) ENTOMB. (Burial, cremation, or removal) (b) Date thereof MARCH 29 43 (Month) (Day) (Year)
(c) Place: burial or cremation MT. HOPE MAUSOLEUM
18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av.
19. (a) MAR 2 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1940, to March 21, 1943 that I last saw her alive on 3-21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Collapse	10 hrs
Due to Chronic myocarditis	yrs
Due to Valvular endocarditis chronic nephritis	
Other conditions (Include pregnancy within 3 months of death)	
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 Erwin D. Creulins (M. D. or other)
Address 748 Kenney Ferry Rd Lemay, Mo Date signed 3/22/43

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.