V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15457

Registration District No. 3

Primary Registration District No. ~~6076~~ 6076

Registrar's No. 1125

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution:
Immaculate Heart Convent 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years 6 Mo's.
(Specify whether
In this community 2 years 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Immaculate Heart Convent
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ellen B. McCarren

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Dec. (Month) ? (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	5	?	hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name John Bowles
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Cass
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Geo. Surmeyer
(b) Address 5387 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 12 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen + Kelly
(b) Address 7267 Natural Bridge

19. (a) MAY 12 1943 (Date received local registrar) (b) C. G. McCarran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 1943 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from 10 - 10, 1942, to 5 - 10, 1943;
that I last saw her alive on 5 - 9, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	5 da
Due to: Chr Myocarditis	10 yrs
Due to: Arteriosclerosis	15 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

9:30

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 Geo H Klinkenfuss (M. D. or other) MD
Address 340 Bermuda Date signed 5-16-43

(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 James G. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.