S. No. 2
M—9-4-41
5-17-39
X29484

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

16359

State File No.

FILED JUN 4 1943 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4813

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1399 Union Blvd. /
(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 000 17 9 6

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

(d) Street No. 1399 Union Blvd (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Carrie E. McHale.

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 Richard A. McHale

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Dec. 24, 1854 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	5	0	hr. min.

9. Birthplace Haverhill, Mass. (City, town, or county) / (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Unknown Pettengill
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Richard McHale
(b) Address 1399 Union Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Carmel Cemetery

18. (a) Signature of funeral director Bennett-Niehaus
(b) Address 1431 Union Blvd.

19. (a) MAY 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1943 hour 7 minute 40 p. M.

21. I hereby certify that I attended the deceased from June, 1940, to May 24, 1943
that I last saw her alive on May 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Renal disease Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations None
Of autopsy

Duration

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 None

(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 0

23. Signature [illegible] M. D. or other MD

Address 6125 Bartmer Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Pierce C Reeves
6125 Baldwin
10-11 AM

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 William T Hearns

Licensed Embalmer No. 4319

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.