

No. 2
-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23315
6627
Registrar's No.

FILED JUL 31 1943 318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: 3852 ALDINE AVE. /
(d) Length of stay: In hospital or institution 60 YEARS
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST. LOUIS
(d) Street No. 3852 ALDINE AVE.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME MARY NEARY
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 21 year 1943 hour 9 minute 45 A. M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BRYAN NEARY 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased UNKNOWN 1875

21. I hereby certify that I attended the deceased from Jan. 15 1943 to July 21 1943 that I last saw her alive on July 21 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months UNKNOWN Days If less than one day hr. min.

Immediate cause of death: Carcinoma, lung, metastatic
Due to
Due to
Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

Major findings: Of operations: Of autopsy: Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name JOHN ROPER
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)
14. Maiden name DONT KNOW
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant MARTIN NEARY (b) Address 3852 ALDINE AVE.

17. (a) BURIAL (b) Date thereof 7-24-43 (c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly (b) Address 3840 Lindbergh Blvd

19. (a) JUL 25 1943 (b) J. T. Breda (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature W. H. Lieber (M. D. or other) Date signed 7-22-43

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

Dr. Wm. Knepper
Riverton, Wyo.
1230 to 3

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Kinnell

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.