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M 243  
5-17-89  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26599

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

AUG 30 1943 318

Primary Registration District No. 1003

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:  
3167a Pennsylvania Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17/6

(c) City or town St. Louis  
9/6  
(If outside city or town limits, write "RURAL")

(d) Street No. 3167a Pennsylvania Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Duba

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 William J. Duba 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown About 1890  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st  
year 1943 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 15th 1943 to Aug 21st 1943  
that I last saw her alive on Aug 20th 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

About 53 Unknown --- hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Talbot

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

14. Maiden name Johanna Teerney

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

Immediate cause of death Cerebral arteriosclerosis  
complication of Right Cray of 6 months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: April 21st 1943  
Of operations Impacted Cerebrations of Right Cray  
Of autopsy Waters and Bone

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant William J. Duba

(b) Address 3167a Pennsylvania Ave.

17. (a) Burial (b) Date thereof 8/24/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. E. Maynard

(b) Address 1926 Allen Ave.

19. (a) AUG 23 1943 J. F. Brudeck  
(Date received local registrar) (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? \_\_\_\_\_  
(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 Augustus P. Munsch (M. D. or other) \_\_\_\_\_  
Address 206 Humboldt Bldg Date signed 8/23/43

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave.

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.