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No. 2  
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-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 23 1943

Registration District No. 2949

Primary Registration District No. 6076

Registrar's No. 2352

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:  
Manchester Nursing Home.  
(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.....

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

(d) Street No. 4954 Terry Ave.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mary Cass

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, widow

6. (b) Name of husband or wife.....

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

7. Birth date of deceased May 10 1863  
(Month) (Day) (Year)

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

80 5 7 .. hr. .... min.

9. Birthplace St. Louis, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Dennis Murray

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

14. Maiden name Mary O'Brien

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

16. (a) Informant Mrs. H. J. Welhoelter

(b) Address 4954 Terry Ave.,

17. (a) burial (b) Date thereof 10-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid Ave.

19. (a) OCT 20 1943 (b) P. J. McLaughlin, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1943 hour 3 minute 3:45 A.M.

21. I hereby certify that I attended the deceased from Aug. 15  
1936 to Oct 17 1943  
that I last saw he alive on Oct 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis

Due to.....

Due to.....

Other conditions Semility  
(Include pregnancy within 3 months of death)

Duration  
Unable to say for years

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy..... 93d

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?.....

While at work?.....  
(Specify type of place)

(e) Means of injury.....

23. Signature Peter Beck, M.D. (M. D. or other)  
Address 4701 St. Louis Ave. Date signed 10/15/43

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

MOTHER FATHER

Dr. Eck. 4701a St. Louis Ave.,  
9 A.M. Monday

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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.....

*Albert J. Mayfield*

Licensed Embalmer No. 3077

P. O. Address: St. Louis, Missouri

**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.**