

FILED NOV 27 1943

Registration District No. **377**

Primary Registration District No. **3069**

Registrar's No. **2581**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
(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
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4169 Shenandoah Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Higgins

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 Married

6. (b) Name of husband or wife Patrick J. Higgins 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 22 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 3 28 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Frank Lane

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

14. Maiden name Catherine O'Sullivan

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

16. (a) Informant Patrick J. Higgins
 (b) Address 4169 Shenandoah Ave.

17. (a) Burial (b) Date thereof 11-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) NOV 23 1943 (b) E. J. Mc Gowan, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
 year 1943 hour 9 minute 45 a. M.

21. I hereby certify that I attended the deceased from 10-1, 1943, to 11-20, 1943
 that I last saw her alive on 11-20-, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Insufficiency Duration 1 day

Due to _____

Due to _____

Other conditions Minor Deformities of Pelvis 2 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations gsc PHYSICIAN _____

Of autopsy Residual Cardiac dilatation
Acute Corneal Opacity
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 Robert S. Smith (M. D. or other) MD
 Address 634 N. Grand Date signed 11/23/43

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

MOTHER FATHER

JAN 18 19

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..... *Fred Frick*.....

Licensed Embalmer No..... 3186.....

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.