

Registration District No. 318Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 23 years
 years, months or days)

3. (a) PRINT FULL NAME Mary plank8. (b) If veteran, name war NO 8. (c) Social Security No. NONE4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Frank plank 6. (c) Age of husband or wife if alive -- years7. Birth date of deceased February 2 1889
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
54 10 8 hr. min.9. Birthplace Lithuania
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At home12. Name John13. Birthplace Lithuania
(City, town, or county) (State or foreign country)14. Maiden name Mary Yanush15. Birthplace Lithuania
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frank Plank
(b) Address 5534 Clemens Ave.17. (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director John Gassly
(b) Address 1101 N. 9th - E. St. Louis19. (a) DEC 11 1943 (b) J. B. Redek
(Date received local registrar) (Registrar's signature)

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. 5534 Clemens Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1943 hour 4 minute 30 A. M.21. I hereby certify that I attended the deceased from June 1 1943 to Dec 10 1943
that I last saw her alive on Dec 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

acute cardiac decompensationDue to Chronic degenerative heart disease 2 ps

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 J. B. Denneyan (M. D. or other) MD
Address 539 N. Grand Date signed Dec 11 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John J. Cassidy Registered Apprentice No. _____
working under my personal supervision.

Signed John J. Cassidy

Licensed Embalmer No. 6855

P. O. Address Cass 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, above space should be left blank.