

FILED JAN 4 1944

318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 11201

1. PLACE OF DEATH:

(a) County... St. Louis
(b) City or town... St. Louis
(c) Name of hospital or institution: 2709 South 9th St.
(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
(d) Street No. 2709 South 9th St.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary English

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Jan. 6 1877 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Mary Kropp (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Adele English

(b) Address 2709 South 9th St.

17. (a) Burial (b) Date thereof 12/28/43 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm. J. Richard & Co

(b) Address 1905 outh Grand

19. (a) DEC 27 1943 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 12 1942 to Dec 25 1943 that I last saw him alive on Dec 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma General; Carcinoma of Breast
Due to 8 20
Due to 1 1/2
Other conditions none 50
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Breast
Of operations
Of autopsy none
PHYSICIAN 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) Means of injury _____

23. Signature E. Julius Cha Kelly (M. D. or other) M.D.
Address 2603 S. Hooker St Date signed 12-27-43

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

MOTHER FATHER

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 Frank Prokeff
Licensed Embalmer No. 4356
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.