No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8884

FILED MAR 27 1944

Registration District No. 7 8

Primary Registration District No. 1003

Registrar's No. 2439

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community ±

2. USUAL RESIDENCE OF DECEASED: 85

(a) State Missouri (b) County 0

(c) City or town Waynesville 0 NR
(If outside city or town limits, write "RURAL")

(d) Street No. RFD 2
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Philomena Christena Driscoll

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 Milton

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept (Month) 21 (Day) 1910 (Year)

8. AGE: Years 33 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Dickeyville (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Conrad Schroeder
13. Birthplace Wise (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Wise (City, town, or county) (State or foreign country)

16. (a) Informant Milton Driscoll
(b) Address Waynesville, Mo.

17. (a) Remains (Burial, cremation, or removal) (b) Date thereof 3-13-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Dickeyville Wise

18. (a) Signature of funeral director Thos J. Finan
(b) Address 1519 So Grand

19. (a) MAR 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 13 year 1944 hour 10 minute 03 A. M.

21. I hereby certify that I attended the deceased from MARCH 12, 1944, to MARCH 13, 1944, that I last saw h ER alive on MARCH 13, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: DIABETIC COMA	36 hrs
Due to: DIABETES MELLITUS	YRS
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gilbert H Wright (M. D. or other)
Address Mo. Pac. Hosp. Date signed 3-13-44

(Licensed Embalmer's Statement on Reverse Side)

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 Howard D. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.