S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9311

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 2809

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 Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: .000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3825 Connecticut
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Mary Newport

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 8 (Day) 1869 (Year)

8. AGE: Years 74 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Anson
13. Birthplace Ireland (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Margaret Matthews
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Genevieve Newport
(b) Address 3825 Connecticut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Bros
(b) Address 3029 Lafayette Ave

19. (a) MAR 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1944 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 1, 1944, to March 24, 1944 that I last saw her alive on March 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vascular-Renal Disease — Duration ?

Due to usual

Due to

Other conditions Fracture Right Femur (Include pregnancy within 3 months of death) 3/1/44

Major findings: Of operations ~~Intertrochanteric Fract. of Right Femur~~ None (no operation)

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) ~~Remote cause - Fall in Home~~ ACCIDENT

(b) Date of occurrence March 1 1944 000

(c) Where did injury occur? Home - 3825 Connecticut St Louis, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - see above. (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Leon C. Faile (M. D. or other) MD.

Address 1504 So. Grand Blvd Date signed 3/24/44

(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 Frank D. Owens

Licensed Embalmer No. 2245

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.