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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 692

FILED MAR 27 1944

Registration District No. 317

Primary Registration District No. 6076

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 9600

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town St. Louis WELLSTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6236 Ridge Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life (Specify whether _____)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County ST. LOUIS
 (c) City or town St. Louis WELLSTON
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6236 Ridge Ave.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ida M. Cary
 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, Widowed
 6. (b) Name of husband or wife Edward Cary 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 15, 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>2</u>	hr. min.

9. Birthplace Kirkwood, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework

11. Industry or business _____
 12. Name John Meyer
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Fuohs
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Sam Cary
 (b) Address 6236 Ridge Ave.
 17. (a) Burial (b) Date thereof Mar. 20, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
 (b) Address 4828 Natural Bridge Blvd.
 19. (a) MAR 21 1944 (b) E. J. McHannan, M.D.
 (Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 17th
 year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from March 19th to March 17th 1944
 that I last saw him alive on March 17th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Appt. Hypopharynx - 3 days
 Due to semitia
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 8301
 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?
 _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature E. E. Swann (M. D. or other) _____
 Address 1326 Hadkinson Date signed 3/18/44

Duration
 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John A. Mlenar

Licensed Embalmer No.

4186

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.