

FILED MAY 10 1944  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town De Paul Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mary Jane Smith

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 married

6. (b) Name of husband or wife William Smith 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 13th 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Wyland

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

14. Maiden name Mary Dunn

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

16. (a) Informant Mr. William Smith-husband

(b) Address 8401 Mc Laren Avenue

17. (a) burial (b) Date thereof 4-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue,

19. (a) MAY 5 1944 (b) J. F. Busch (Date received local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 8401 Mc Laren Avenue (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1944 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from 4-25-44, 19\_\_\_\_, to 5-4-44, 19\_\_\_\_, that I last saw her alive on 5-4-44, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative Cardiac embolism

Due to \_\_\_\_\_

Due to H9

Other condition Carcinoma of ovary with extensive abdominal metastasis  
(Include pregnancy within 3 months of death)

Major findings: Ca. of ovary & uterus with extensive metastasis

Of autopsy nodular

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) no

(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? \_\_\_\_\_ (c) Means of injury MP

23. Signature E.A. Pansche (M. D. or other) MP

Address 4885 Natural Bridge Date signed 5-5-44

Dr. Lansche,  
4885 Natural Bridge,  
Mu. 9393  
Between 1-4 P.M. today

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**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

*Eugene A. Sullivan*  
.....  
Licensed Embalmer No. *7930*.....

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.**