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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19097

State File No.

Registrar's No. 1208

Registration District No. 317

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 30 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town Stuba Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Cuba Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rose Ivery

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sidney H Ivery

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

7. Birth date of deceased May (Month)

25 (Day) 1874 (Year)

8. AGE: Years 70 Months 0 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business at Home

MOTHER FATHER

12. Name Unkown Arndt

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

14. Maiden name Unkown

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

16. (a) Informant John Ivery

(b) Address 436 Bismark Web Gro Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6 2 44 (Month) (Day) (Year)

(c) Place: burial or cremation Vahalla

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So Kinghighway Blvd

19. (a) JUN 1 - 1944 (Date received local Registrar) (b) E. D. McSaman, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1944 hour 11 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 1 1944 to May 30 1944 that I last saw _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4-5 weeks

Due to _____
Due to 940

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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. J. Vellman (M. D. or other) MD
Address 1328 W. Big Bend Date signed 5/31/44

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

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 Edwin D. McArthur

Licensed Embalmer No. 3024

P. O. Address.....

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.