S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22879

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6829

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yrs, 1mo, 10days (Specify whether
In this community 20 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis, 139
(If outside city or town limits, write "RURAL")

(d) Street No. ~~3208 Franklin.~~ 5800 Arsenal St.

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

If yes, name country American 0

3. (a) PRINT FULL NAME Mary Cantwell.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Separated 1

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 24 (Day) 1868 (Year)

8. AGE: Years 75 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business None

FATHER
12. Name Richard Jsckson
13. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name ??? Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lonnie Green
(b) Address 5800 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bro and Co
(b) Address 3644 Finney Ave

19. (a) AUG 4 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st, year 1944 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from June 23, 1942, to Aug 1, 1944; that I last saw her alive on July 31, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular disease c̄ old rt hemiplegia

Due to Gen arteriosclerosis

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 Homer A Sweetman M.D. (M. D. or other)

Address 5800 Arsenal St. Date signed 8-1-44

(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. Clark Young

Licensed Embalmer No. 3371

P. O. Address. St. Louis

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.