V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26706

Primary Registration District No. 1003

Registrar's No. 7309

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 57

(a) State Missouri (b) County Lincoln

(c) City or town Silex
(If outside city or town limits, write "RURAL") 0 N.R.

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Marie Emily Womack

3. (b) If veteran, name war none

(c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Womack

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 3, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	18	hr. min.

9. Birthplace Port Huron, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry McKeen
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie Rabbiu
15. Birthplace Port Huron, Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant William Womack
(b) Address Silex, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sulphur Lake, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blv.

19. (a) AUG 22 1944 (Date received local registrar) (b) J. F. Bredeick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1944 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 5th, 1944 to August 21st 1944; that I last saw her alive on August 21st, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2
Due to Anuria	
Due to Sulfonamide blockage of kidneys	5
Other conditions (Include pregnancy within 3 months of death) Multiple myeloma; Pneumococcus meningitis	
Major findings: Of operations	
Of autopsy Subarachnoid hemorrhage ? Tumor cells in kidney	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 8/22/44

(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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.