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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 9665

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) ~~City or town~~ **St. Louis, Missouri** ~~(City or town within limits of St. Louis)~~ **St. Louis** and name of township _____

(c) ~~Name of hospital or institution~~ **Bethesda Hospital** ~~(If not in hospital or institution, write street number or house)~~ **0**

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** ~~(City or town within limits of St. Louis)~~ **816 Geyer** ~~(If rural, give location)~~ **239**

(d) Street No. _____

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

If yes, name country _____

3. (a) PRINT FULL NAME **Peggy Ann McCarty**

3. (b) If veteran, name war _____ **no**

3. (c) Social Security No. _____ **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **14** year **1944** hour **3** minute **0** M.

21. I hereby certify that I attended the deceased from **Nov 8** 19**44** to **Nov 14** 19**44**

that I last saw ~~her~~ **her** alive on **Nov 12** 19**44** and that death occurred on the date and hour stated above.

Female **1** 5. **White** 6. (a) Single, widowed, married, divorced _____ **0**

4. Sex _____ race _____

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

7. Birth date of deceased **Oct 2 - 1944** (Month) (Day) (Year)

Immediate cause of death **Bronchopneumonia** Duration **2 days**

Due to _____

Due to _____ **107**

Other conditions **Acute otitis media** **5 days** (Include pregnancy within 3 months of death)

8. AGE: Years _____ Months **1** Days **12** If less than one day hr. _____ min. _____

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

10. Usual occupation **nil**

11. Industry or business _____

12. Name **unkno**

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

14. Maiden name **Hazel McCarty**

15. Birthplace **Hutton Valley Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Hazel McCarty**

(b) Address **816 Geyer**

17. (a) **burial** (b) Date thereof **11-15-1944** (Month) (Day) (Year)

(c) Place: burial or cremation **VanBuren Mo**

18. (a) Signature of funeral director **Leuckel Funeral Home**

(b) Address **VanBuren Mo**

19. (a) **NOV 14 1944** (b) **J. Stredach** (Date received local registrar) (Registrar's signature)

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)

(c) Means of injury **0**

23. Signature **J. Stredach** (M. D. or other) **M.D.**

Address **2000 29** Date signed **11/14/44**

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

MOTHER FATHER

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 Ketter

Licensed Embalmer No. *3880*.....

P. O. Address..... *Atkins, 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.