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X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38826**

**FILED DEC 12 1944**

Registration District No. **3124**

Primary Registration District No. **3069**

Registrar's No. **2367**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Dorothy McDermott

3. (b) If veteran, name was \_\_\_\_\_  
3. (c) Social Security No. 496-12-5789

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>4</u>
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6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 29, 1909  
(Month) (Day) (Year)

8. AGE:	Years <u>35</u>	Months <u>7</u>	Days <u>28</u>	If less than one day hr. _____ min.
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9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Receptionist

11. Industry or business Rosenthal-Ackerman Millinery

12. Name James Gallagher

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary McNichols

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Ramin

(b) Address 6633 Kingsbury

17. (a) Burial (b) Date thereof 11-30-44  
(Burial, cremation, or disposal) (Day) (Month) (Year)

(c) Place: burial or disposal Memorial Park

18. (a) Signature of funeral director Ed S. Stewart

(b) Address 1225 Union Blvd

19. (a) **DEC 7 1944** (b) E. B. McAvoy  
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 6633 Kingsbury 5  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th -  
year 1944 hour 9:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 12-30  
1943 to 11-27 1944  
that I last saw h. ER alive on 11-27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of Cervix  
(Squamous)

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

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

Other conditions (Include pregnancy within 3 months of death) 48W

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

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? no (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Inter City St. Louis Mo. Date signed 11-28-44

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

116883

407

(Licensed Embalmer's Statement on Reverse Side)

*AM Mary Jones  
District 1000g*

**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 *W Wilkinson*  
Licensed Embalmer No..... *3575*

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.**