

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED FEB 7 1945**

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

State File No. \_\_\_\_\_  
 Registrar's No. **800**

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Little Sisters of the Poor  
 (If not in hospital or institution, write street number or location) 5  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 75 Yrs 1 Mon years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County \_\_\_\_\_  
 City or town St. Louis (If outside city or town limits, write "RURAL")  
 (d) Street No. 2305a University St. (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sarah Bumbory  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married,** 0 divorced Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
 \_\_\_\_\_ alive \_\_\_\_\_ years  
**7. Birth date of deceased** 12 23 1869  
 (Month) (Day) (Year)  
**8. AGE:** Years Months Days If less than one day  
75 1 0 hr. min.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 1 day 23  
 year 1945 hour 3 minute 45 pm.  
**21. I hereby certify that I attended the deceased from** Jan. 17, 1945, to Jan 23, 1945  
 that I last saw h. l. r. alive on Jan 13, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis  
Mal. Nutritious  
Senility  
 Duration  
???  
??  
??  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None  
 (Include pregnancy within 3 months of death)

**9. Birthplace** St. Louis Mo  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** Bookbinder  
**11. Industry or business** \_\_\_\_\_  
**12. Name** Patrick Bumbory  
**13. Birthplace** Unknown Ireland 4  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Sarah Quinlin  
**15. Birthplace** Unknown Ireland 4  
 (City, town, or county) (State or foreign country)  
**16. (a) Informant** Edward E. Mirphy  
**(b) Address** 2301a Warren St.  
**17. (a) Burial** (b) Date thereof 1 26-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Calvary Cemetery  
**18. (a) Signature of funeral director** Goodhart & Goodhart  
**(b) Address** 2228 St. Louis Ave  
**19. (a)** JAN 25 1945 (b) J. J. Bredek  
 (Date received local registrar) (Registrar's signature)

**Major findings:** None  
**Of operations** None  
**Of autopsy** None  
**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** None  
**(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)  
 \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** Bernard F. Potter (M. D. or other)  
**Address** 2302 Salisbury St. **Date signed** 1-28-46

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

MOTHER FATHER

(Licensed Embalmer's Statement on Reverse Side)

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**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 *Marie A. Cashion*

Licensed Embalmer No. *3949*

P. O. Address *St. Louis 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.**