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5-17-39,  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4329**  
Registrar's No. **1015**

**FILED FEB 16 1945 318**

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Fr. St. Louis Moty Hosp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
enroute to City Hosp 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 2645 Dalton Ave  
(If rural, give location) 0-00  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country N

3. (a) PRINT FULL NAME Marie F Hartwell

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herbert J 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 18 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 11 12 hr. min.

9. Birthplace Florence Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business Mc Quay Norris

12. Name William Moynihan

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

14. Maiden name Unknown Tamson

15. Birthplace Florence Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert J Hartwell

(b) Address 2645 Dalton Ave

17. (a) Burial (b) Date thereof Feb 2 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) FEB 1 1945 (b) J. J. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 30  
year 1945 hour 7 AM minute 2 154 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Hypertrophy  
Cystic Kidney (right)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 9:30

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

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

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)  
(a) Means of injury 32  
23. Signature Fatrick E Taylor (M.D. or other) Ref Car  
Address 1300 Clark Date signed 2-1-45

(Licensed Embalmer's Statement on Reverse Side)

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 *Edwin J. Mc Dermott*

Licensed Embalmer No. 3024

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.**