

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7650

FILED MAR 16 1945

1003

State File No.

Registrar's No. 2203

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)

In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 Page Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Earnor

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July 7th., 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th., year 1945 hour 3 minute 45 p. M.

21. I hereby certify that I attended the deceased from May 1, 1944 to Mar. 6, 1945
that I last saw him alive on March 5, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>29</u>	hr. min.

Immediate cause of death Coronary arterio-sclerosis

Due to Senility

Due to PT

Other conditions —
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Thomas Earnor

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

14. Maiden name Bridget Walsh

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

16. (a) Informant Sister Louise
(b) Address 5301 Page Blvd.

17. (a) Burial (b) Date thereof 3-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 7 1945 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

Major findings: No

Of operations

Of autopsy No

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (c) Means of injury —

23. Signature Wm J. Langan (M. D. or other) —
Address 5807 Plymouthe Av Date signed Mar 7/45

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

Jan 02 20

12-1

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 Stanley Marshall

Licensed Embalmer No. 2868

P.O. Address 3840 Russell

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.