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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10961

FILED APR 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3192

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4516 Shendoah Ave.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nancy J. Armour

3. (b) If veteran, name war None

3. (c) Social Security No. 498-03-2611

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Alfred R. Wendt,

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February (Month) 11 (Day) 1890 (Year)

8. AGE: Years 55 Months 1 Days 26 If less than one day hr. min.

9. Birthplace New Madrid County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Milliner

11. Industry or business Millinery

FATHER
12. Name S.W. Mainord
13. Birthplace New Madrid (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Edna P. Stone
15. Birthplace New Madrid (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Marie Edwards
(b) Address 4103 Maryland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park Cem.

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) APR 10 1945 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1945 hour 9 30 minute P. M.

21. I hereby certify that I attended the deceased from April 3, 1945 to April 7, 1945; that I last saw her alive on April 7, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomatosis	3 mos
Due to: Carcinoma of transverse colon	6 mos
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations: Carcinoma - Trans Colon
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold E McCann (M. D. or other) MD
Address 3720 Washington Date signed 4-10-1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harold C. McCann
Beaumont Bldg
NE. 2826

AUG 23 1945

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 Neville B. Frolwetter

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell Blvd

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.