S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18742

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4660

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:
4459 Russell Ave
(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: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4459 Russell Ave 17
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Glenn

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James T

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

7. Birth date of deceased June (Month) 10 (Day) 1849 (Year)

8. AGE: Years 95 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name Bernard Mc Court
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Traynor
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Alice V Glenn
(b) Address 4459 Russell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 28 (Day) 45 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) MAY 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1945 hour 8.15 PM minute M.

21. I hereby certify that I attended the deceased from Feb 28, 1945, to May 24, 1945
that I last saw her alive on May 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 2 wks

Due to Chronic myocarditis — gross

Due to Senile changes

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

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 Martin Flaer (M. D. ~~or other~~)

Address 506 Olive St. Date signed 5-26-45

(Licensed Embalmer's Statement on Reverse Side)

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 D McDermit

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.