

S. No. 2  
OM-5-43  
ev. 5-17-39  
I X36671

U.S. No. 2  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21950

FILED JUL 28 1945  
318

State File No. \_\_\_\_\_  
Registrar's No. 6138

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(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:  
Firmin Desloge Hospital  
(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 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5410 Blou St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Gissey  
(b) If veteran, name war No  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7-14-45 day \_\_\_\_\_  
year \_\_\_\_\_ hour 2:15 p.m. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 6-23-45, 19\_\_\_\_, to 7-14-45, 19\_\_\_\_;  
that I last saw h. or alive on 7-14-45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Gustave  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Oct 7 1867  
(Month) (Day) (Year)

Immediate cause of death Toxemia Duration Carbuncle  
Due to Bacteremia following pyelitis - non-calculus  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
77 9 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 133  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework  
11. Industry or business at Home

MOTHER FATHER  
12. Name Patrick Clancy  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Coughlin  
15. Birthplace Tennessee 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R H Britz  
(b) Address 5410 Blou St.  
17. (a) Burial (b) Date thereof 7 17 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Germantown Ill  
18. (a) Signature of funeral director Kriegshauser  
(b) Address 1228 So. Kingshighway  
19. (a) JUL 16 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature J O Brown (M. D. or other) MD  
Address 1325 S. Grant Date signed 7/15/45

(Licensed Embalmer's Statement on Reverse Side)

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

**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..... *Elwin D. 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.**