. S. No. 2
0M—5-43
ev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25422

FILED SEP 1 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7495

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Deaconess 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 Missouri (b) County St. Louis

(c) City or town Riverview Gardens
(If outside city or town limits, write "RURAL")

(d) Street No. 469 Scenic Dr.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Patricia Maude Mae Begley

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January (Month) 21 (Day) 1908 (Year)

8. AGE: Years 37 Months 7 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Robert McGee
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Julia Pierlow
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James Begley
(b) Address 469 Scenic Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1945 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 2, 1945 to Aug 28, 1945 that I last saw her alive on Aug 28, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Thermoplasia — Duration 3 yrs

Due to

Due to 48

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Cervix
Of autopsy None

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 Henry J. Hingo (M. D.)

Address 634 N Grand Date signed 8/28/45

(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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.