S. No. 2
M—2-43
v. 5-17-39
1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 34558

FILED OCT 22 1945

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2409

**1. PLACE OF DEATH:**

(a) County ST. LOUIS

(b) City or town KOCH Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROBT. KOCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 567 DAYS (Specify whether
In this community 3 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County ~~[illegible]~~ 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1312 S. 3RD. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME COURTWAY, MAGGIE

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 M

6. (b) Name of husband or wife THEODORE COURTWAY

6. (c) Age of husband or wife if alive NOT KNOWN years

7. Birth date of deceased JUNE (Month) 21 (Day) 1909 (Year)

8. AGE: Years 36 Months 3 Days 26 If less than one day hr. min.

9. Birthplace WASHINGTON CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name PATRICK BOYER
13. Birthplace WASHINGTON CO. (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ELSIE MERCILLE
15. Birthplace WASHINGTON CO (City, town, or county) MO (State or foreign country)

16. (a) Informant HOSPITAL RECORDS
(b) Address ROBT. KOCH HOSPITAL

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines Mo

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Potosi Mo

19. (a) 10-18-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) MG

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCT day 17
year 1945 hour 5 minute 5 AM.

21. I hereby certify that I attended the deceased from MARCH 28, 1944 to OCT. 17, 1945
that I last saw her alive on OCT. 16, 1945 ~~19~~
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death CHRONIC PULMONARY TUBERCULOSIS | ? 2 yrs |
| Due to 13 | |
| Due to | |
| Other conditions EMPYEMA THORACIS (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 Bernard Friedman (M. D. or other) M.D.
Address ROBT. KOCH HOSP Date signed 10-17-45

(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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis 8 Mo

**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.**