

No. 2
M-2-43
5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35476

State File No. 10084
Registrar's No.

FILED NOV 29 1945
318

Registration District No. 318 Primary Registration District No. 1003

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:
1619 A Carroll
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 5 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1619 A Carroll
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Ann Kelly
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 20
year 45 hour 4 minute 25 P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Alfred 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Sept 18 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 13 1945 to Nov 20 1945
that I last saw her alive on Nov 20 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 2 2 hr. min.

Immediate cause of death.....
Carcinoma of uterus
Metastases to liver
Duration 2 yrs 6 mos

9. Birthplace Oak Dale Illinois
(City, town, or county) (State or foreign country)

Due to.....
Due to.....

10. Usual occupation House Wife

Other conditions.....
(Include pregnancy within 3 months of death) HO

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name George W Maxwell

13. Birthplace Oak Dale Illinois
(City, town, or county) (State or foreign country)

14. Maiden name India Bills

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Elaine Guenther

(b) Address 1619 A Carroll

17. (a) Motor (b) Date thereof 11/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Swanwick Illinois

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) NOV 21 1945 (b) J. F. Brodick
(Date received local registrar) (Registrar's signature)

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 J. F. Brodick (M. D. or other) MD
Address 2000 29th Date signed 11/20/45

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

MOTHER FATHER

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.....

C. W. Cooper

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.