V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

5952

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1946

State File No. 7001

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 5407

1. PLACE OF DEATH:

(a) County Richmond Heights

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

(c) Name of hospital or institution: 1212 Sunsett
(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 ~~Richmond Hts.~~ St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 Sunsett
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Helen C. McNary

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 Single

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

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

7. Birth date of deceased July (Month) 26 (Day) 1907 (Year)

8. AGE: Years 38 Months 6 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Teacher

11. Industry or business .....

FATHER
12. Name John J. McNary
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary T. Cavanaugh
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant Mary T. McNary
(b) Address 1212 Sunsett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. Croghan
(b) Address 7146 Manchester

19. (a) 3-4-46 (Date received local registrar) (b) E. D. McGarran M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1946 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 24, 1946, to ....., 19....; that I last saw her alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	7
Due to 94a	
Due to	
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 Douglas A. Riese (M. D. or other) MD
Address 4500 Olive St. Date signed 2/26/46

(Licensed Embalmer's Statement on Reverse Side) Douglas A. Riese

DR. RIECE
LISTER BLDG.
OLIVE + TAYLOR

JAN 24 1956

JAN 23 1948

DEC 5 1946

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 R. W. Wilkinson

Licensed Embalmer No. 3575

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.