

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7755**
Registrar's No. **1860**

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County S
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1359 Mountclair Ave.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1359 Mountclair Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLEN MORTAL (OBoyle)
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 22
year 1946 hour 5:20 PM. minute _____ M.
21. I hereby certify that I attended the deceased from Feb 5
1946 to Feb 21 1946
that I last saw him alive on _____
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 Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: Coronary arteriosclerosis - acute
Due to Endocarditis
Myocarditis
Due to Cystitis
Other conditions (Include present only within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

7. Birth date of deceased Mar. 11, 1915
(Month) (Day) (Year)
8. AGE: Years 30 Months 11 Days 11 If less than one day _____ hr. _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)
10. Usual occupation Domestic

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Hager
(b) Address 1359 Mountclair Ave. St. Louis
17. (a) Burial (b) Date thereof Feb. 25, 1946
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Samuel W. [unclear] (M. D. or other) no
Address 2406 N. Union Date signed Feb 26

(c) Place: burial or cremation Oak Hill Kirkwood
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood
19. (a) FEB 25 1946 (Date received by local Registrar) J. F. Bredsch (Registrar's signature)

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

6295

1880

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.