

V. S. No. 2
100M-5-543
Rev. 5-17-39
I X36871

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11055**
Registrar's No. **2995**

Registration District No. **318** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
9966

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Malcolm Bliss Hosp.
(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 **000**
(c) City or town **St. Louis** **231**
(If outside city or town limits, write "RURAL")
(d) Street No. **2637a Accomac Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Desmond**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **29**
year **1946** hour **12** minute **25 A** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **James Desmond**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **3 - 18 - 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. **or** alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **87** Months **0** Days **II**
If less than one day _____ hr. _____ min.

Immediate cause of death **Fracture of right femur; Arteriosclerosis upon she stepped on hardwood floor and fell to the floor in her home on Feb. 19 1946 exact time unknown**

9. Birthplace **Washington, D. C.**
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**
11. Industry or business _____
12. Name **Jeremiah Collins**
13. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Reardon**
15. Birthplace **Ireland** 4
(City, town, or county) (State or foreign country)

Major findings: **186**
Of operations _____
Of autopsy _____

16. (a) Informant **Mary Desmond**
(b) Address **2637a Accomac St.**
17. (a) **Burial** (b) Date thereof **4/1/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Feb. 19 1946 0000**
(c) Where did injury occur? **Home**
(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 **As above**

18. (a) Signature of funeral director **Stroot-Carroll**
(b) Address **4600 Natural Bridge Ave.**
19. (a) **MAR 30 1946** (b) **J. F. Bredek**
(Data received local registrar) (Registrar's signature)

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 *Ben E. Hoffmann*

Licensed Embalmer No. *4366*

P. O. Address *Louis 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.