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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **2835**

FILED APR 5 1946  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:  
M 3337 Delor St., /  
(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 (If outside city or town limits, write "RURAL") 167

(d) Street No. 3337 Delor St.  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary O'Donnell Huston

3. (b) If veteran, name war None

3. (c) Social Security No. None

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month March day 24th  
year 1946 hour 10:20 minute \_\_\_\_\_ M.

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased About 78  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 24th, 1945 to March 24th, 1946  
that I last saw her alive on March 23rd, 1946, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**8. AGE:** Years abt 78 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage, right side Duration 1 day

Due to \_\_\_\_\_

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation None

Due to Chronic Nephritis and Atherosclerosis and Hypertension Duration 1 yr.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**11. Industry or business**

12. Name Unknown O'Donnell

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Sarah

15. Birthplace Ireland (City, town, or county) (State or foreign country) 11

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations no

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Alice Huston

(b) Address 3337 Delor St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Southern Funeral Home  
6322 S. Grand Blvd.,

19. (a) MAR 26 1946 (Date received local registrar) J. F. Brudeck (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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. W. H. Vatter (M. D. or other) W. H. Vatter  
Address 3608 S. Grand Blvd. Date signed 3/25/46

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**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..... *J. Wm. Bumbley* .....

Licensed Embalmer No..... *3653* .....

P. O. Address..... *St. 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.**