

No. 2
M-5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14388
Registrar's No. 846

FILED APR 22 1946

Registration District No. _____ Primary Registration District No. 4467

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
332 Benton 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)

3. (a) PRINT FULL NAME Hattie McIlroy
3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry McIlroy
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 17 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 27 hr. _____ min.

9. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Lycurgus Schöll
13. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Limerick
15. Birthplace Pike County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wilmer McIlroy
(b) Address 815 1/2 Oak St., Quincy, Ill.
17. (a) Burial (b) Date thereof 4-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 4-16-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 6:30 minute 0 P. M.
21. I hereby certify that I attended the deceased from May 4
1945 to April 14 1946
that I last saw her alive on April 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Dropsy
Due to Chronic nephritis

Other conditions Similarity
(Include pregnancy within 3 months of death)
Hypertension
Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature Clara M. Sibert (M. D. or other) MD
Address Valley Park, Mo Date signed 4/15/46

Duration
1 month
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14388

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 *Elmo R Padwell*.....

Licensed Embalmer No. *4077*.....

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.