

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31276

State File No. _____

FILED SEP 30 1946

Registrar's No. 1962

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hrs. - 50 min.
(Specify whether Li Re)
In this community Li Re
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2003 Yale Ave.
(If rural, give location).
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lorene Healey
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 21
year 1946 hour 1 minute 10 p.m.
21. I hereby certify that I attended the deceased from Sept. 21, 1946 to Sept. 22, 1946
that I last saw her alive on Sept. 22, 1946
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SO
(b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24, 1930
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis (perforation - 22 cal.) through both temporal lobes
Due to _____
Due to 164c
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
16 1 29 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Lynn Healey
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jewell Healey
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant LIMME Grosvenor
(b) Address 2003 Yale Ave.
17. (a) Burial (b) Date thereof 9/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens
18. (a) Signature of funeral director Jay B Smith
(b) Address 7456 Manchester
19. (a) 9-23-46 (b) Keith J. Allen
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Sept. 21, 1946
(c) Where did injury occur? Maplewood, St. Louis Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? _____ (e) Means of injury 22 cal. rifle
23. Signature B. H. Smith (M. D. _____)
Address _____ Date signed 9-23-46

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

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

30317

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 Manches

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.