V. S. No. 2
100M—5-43
Rev. 5-17-39
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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. 32299

FILED OCT 3 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8417

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years 2 days (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St., 13 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME VICTOR, ANNA A.

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Joseph Victor
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 9, (Day) 1862. (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	84	5	21	hr. min.

9. Birthplace Edina, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Michael Hurley 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Dailey
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary records
(b) Address 5800 Arsenal Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 /2/46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) OCT 1 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 30, year 1946 hour 6:20 A.M. minute M.
21. I hereby certify that I attended the deceased from July 2, 1945, to Sept. 30, 1946 that I last saw her alive on Sept. 29, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	10 min.
Due to: General senile degeneration	long
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Palmer Romaine Bowdish (M. D. or other)
Address City Infirmary Date signed 9-30-46

(Licensed Embalmer's Statement on Reverse Side)

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 O. W. Cooper

Licensed Embalmer No. 3839

P. O. Address 2301 Lafayette

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.