

No. 2
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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 42085
Registrar's No. 11080

Registration District No. 318 Primary Registration District No.

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME RUTH MARGARET ALLEY

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 Married

6. (b) Name of husband or wife A. H. Alley

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 22 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>11</u>	<u>28</u>	hr. min.

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry K. Mullett

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

14. Maiden name Sarah Ann Dix

15. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A. H. Alley

(b) Address Blackwater, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-23-46
(Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 24 1946 (Date received from Registrar)

(b) J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Blackwater
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1946 hour 12 minute 15 p.M.

21. I hereby certify that I attended the deceased from Dec. 6, 1946 to Dec. 20, 1946
that I last saw her alive on December 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Duration 1 hr.

Due to Biliary Cirrhosis 10 yrs.

Due to Common duct obstruction 13 yrs.

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

Major findings:
Operations Common duct structure
Biliary Cirrhosis

Of autopsy Biliary Cirrhosis
Common duct structure

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature David R. Oliver (M. D. or other) MD

Address Barnes Hospital Date signed 12-20-46

(Licensed Embalmer's Statement on Reverse Side)

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

40853

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.....

Licensed Embalmer No.....

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.