

2
43
39
35697

FILED JAN 7 1947
Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 11211

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: 5744a Etzel Avenue
 (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 MAMIE T HENRY

3. (b) If veteran, name war None 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 Albert Henry 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: May 23, 1873
 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Bernard Mulholland

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

14. Maiden name Unknown Smyth

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

16. (a) Informant Albert Henry

(b) Address 5744a Etzel Avenue

17. (a) Burial (b) Date thereof Dec. 31, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
 (b) Address 1905 So. Grand Blvd.

19. (a) DEC 30 1946 (b) J. F. Bredbeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5744a Etzel Avenue
 (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 28
 year 1946 hour 11 minute AM

21. I hereby certify that I attended the deceased from Oct 30, 1946 to Dec. 28, 1946
 that I last saw her alive on Dec 16, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the mouth (Lip, Tongue, & Cheek)
 Duration 5 yrs.

Due to Primary in lip.

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

Major findings: none
 Of operations _____

Of autopsy: none
 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) no
 (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 Wm. J. Langan (M. D. or other) _____
 Address 5803 Pryorville av Date signed Dec 28/46

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

MOTHER FATHER

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..... *Rex Campbell*
Licensed Embalmer No. *3881*
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.