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

DEPARTMENT OF COMMERCE
Bureau of the Census
FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7417

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 507

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Normandy Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'Sullivan Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Normandy Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 3715 St. Ann's Lane 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Mary Jane Kidwell

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: Charles M. Kidwell

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: August (Month) 3 (Day) 1866 (Year)

8. AGE: Years 80 Months 7 Days 1 If less than one day hr. min.

9. Birthplace: Enfield (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Thomas Crawford

13. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Catherine Lyons

15. Birthplace: Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Charles M. Kidwell

(b) Address: 5910 Minerva Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 7 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: [illegible]

(b) Address: 1389 Union Blvd.

19. (a) 3-8-47 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from February 1 1947, to March 5 1947, that I last saw h. alive on March 3 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the breast with metastases to the brain, mediastinum & bones	4 yrs
Due to: Adeno carcinoma	
Due to: 50	
Other conditions (Include pregnancy within 3 months of death): Amputation of left arm	4 yr

Major findings: Of operations: Radical mammectomy

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) 0

While at work? (e) Means of injury:

23. Signature: George Littmann (M. D. or other) MD

Address: 8231 Clayton Rd. Date signed 3/6/47

(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 Ronald Yahnke

Licensed Embalmer No. 3917

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.