

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2574**

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

1. PLACE OF DEATH:

(a) County..... St. Louis, Mo.

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

(c) Name of hospital or institution:  
4260a Russell Bl. ✓  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... Mad

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No..... 4260a Russell Bl.  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME..... MARY E. KERWICK

3. (b) If veteran, name war..... None

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10  
year 1947 hour 8:00 minute..... P. M.

4. Sex..... Female

5. Color or race..... White

6. (a) Single, widowed, married, divorced..... Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years.....  
8 years 1876  
(Month) (Day) (Year)

7. Birth date of deceased.....  
Aug. 8 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1940 to March 10, 1947  
that I last saw her alive on March 10, 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>7</u>	<u>2</u>	hr. min.

Immediate cause of death.....  
Pulmonary Tuberculosis 6-1-40

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

Due to.....  
Chronic Myocarditis 6-1-40

10. Usual occupation..... Housework

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

11. Industry or business.....

Major findings:  
Of operations.....  
Of autopsy.....

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

MOTHER FATHER

12. Name..... Thomas Kerwick

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

14. Maiden name..... Mary Fitzpatrick

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

16. (a) Informant..... Margaret Kerwick

(b) Address..... 4260a Russell Bl.

17. (a) Burial (b) Date thereof..... 3 13 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Kriegshauser Und. Co.

(b) Address..... 4228 So. Kingshighway Bl.

19. (a) MAR 11 1947 (b) J. J. Brebeck  
(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).....

(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) (Name of injury)

23. Signature..... Alvin D. Dym (M. D. or other) MD  
Address..... 3550 N. Grand St. Date signed..... 3-11-47

*mail*

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**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..... *Richard W. Stovesand* .....

Licensed Embalmer No..... *4007* .....

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.**