S. No. 2
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PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11916

Registration District No. 319 Primary Registration District No. 6076 Registrar's No. 824

1. PLACE OF DEATH:
(a) County St. Louis County, Missouri.
(b) City or town Olivette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: #7 Covington Lane.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis. 96
(c) City or town Olivette
(If outside city or town limits, write "RURAL")
(d) Street No. #7 Covington Meadows.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY SKURKAY EINECKE.
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 C. Harold Einecke.
6. (c) Age of husband or wife if alive 40. years
7. Birth date of deceased October 3, 1909. (Month) (Day) (Year)

8. AGE: Years 37. Months 6. Days 5. If less than one day hr. min.

9. Birthplace Monessen, (City, town, or county) Pennsylvania. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
MOTHER FATHER
12. Name Michael Skurkay.
13. Birthplace (City, town, or county) Russia. 6 (State or foreign country)
MOTHER
14. Maiden name Anne Morris.
15. Birthplace (City, town, or county) Russia. 6 (State or foreign country)
16. (a) Informant Dr C. Harold Einecke.
(b) Address #7 Covington Meadows.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 4/11/47. (Month) (Day) (Year)
(c) Place: burial or cremation Monessen, Pa.,
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,
19. (a) 4-10-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 year 47 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death carbon monoxide poisoning, body found in garage at her home.	
Due to 178	
Due to 13	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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) Accident 96
(b) Date of occurrence April 8, 1947.
(c) Where did injury occur? Olivette, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Garage adjoining home (Specify type of place)
While at work? (e) Means of injury Asphyxia
Signature Arnold J. Willmann Coroner (M.D. or Coroner)
Address Clayton, Mo. Date signed 4/10/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1947

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 Clarence H. Murray

Licensed Embalmer No. H 0.11

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.