

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19633 /

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

FILED JUN 16 1947

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1139

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7597-West Bruno 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 9-Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Richmond Heights 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7597-West Bruno Avenue 7  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1947 hour 6 minute 00 A. M.  
21. I hereby certify that I attended the deceased from  
June 5, 1947 to June 5, 1947;  
that I last saw her alive on June 5, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
1) Myocardial Infarction due  
to Coronary Thrombosis  
2) Rheumatic Heart Disease with  
Partial Stenosis & Mitral Insufficiency  
3) Cerebral embolism  
4) Arteriosclerosis  
Other conditions Hypertension due to  
chronic toxic goiter  
(Include pregnancy within 3 months of death)

Duration
<u>2 hours</u>
<u>30 years</u>
<u>5 years</u>
<u>5 years</u>
<u>10 years</u>

Major findings:  
Of operations 630  
Of autopsy \_\_\_\_\_

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

3. (a) PRINT FULL NAME Mary V. Zalusky

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Edward F 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 21, 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
47 5 12 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis No. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Patrick Scanlan  
13. Birthplace St. Louis No. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Ellen O'Reilly  
15. Birthplace St. Louis No. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward F. Zalusky

(b) Address 7597-W-Bruno Ave Richmond Heights

17. (a) Burial (b) Date thereof 6-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Baummann Brothers Inc

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 6-7-47 (b) Conrad J. Haymer  
(Date received local registrar) (Registrar 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)  
(e) Means of injury? \_\_\_\_\_

23. Signature Benjamin H. Charles (M. D. or other) \_\_\_\_\_

Address 37201 Washington Blvd. Date signed June 6, 1947

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

*Cr. Benj. H. ...  
J. 66720 - 3720*

**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 *Don Marler*

Licensed Embalmer No. *4436*

P. O. Address *Cleveland, 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.