V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36510

FILED OCT 20 1947

Registration District No. 3977

Primary Registration District No. 3066

Registrar's No. 2177

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 314 Fairway Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Fairway Lane 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary E. Ray
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife John J. Ray
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 29, 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	0	24	hr. min.

9. Birthplace N. Y. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Mulligan
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Kineally
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Bessie Morrissey
(b) Address 314 Fairway Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) 10-15-47 (Date received local registrar) (b) Lewis A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1947 hour 9 minute 10 P. M.
21. I hereby certify that I attended the deceased from 5-20-47 19 to 10-13 1947
that I last saw h[illegible] alive on 10-1-1947 19
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver with metastases

Due to —

Due to —

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

Major findings:
Of operations
Of autopsy

Duration: 7 months 3

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury 0
23. Signature E. L. McCall (M. D. or other)
Address 9012 Manchester Date signed 10-16-47
Burtwood Mo

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4029

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.