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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948
377

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3380
State File No. _____
Registrar's No. 354

Registration District No. _____ Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Richmond Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community 40 years
years, months or days

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

3. (a) PRINT FULL NAME Mary S. Kieffer
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 3rd
year 1948 hour 10 minute 30A M.
21. I hereby certify that I attended the deceased from Dec 20, 1947 to Feb 3rd, 1948
and that I last saw him alive on Feb 3rd, 1948
and that death occurred on the date and hour stated above.

4. female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Victor 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec. 25 1888
(Month) (Day) (Year)

Immediate cause of death Generalized Carcinomatosis
Due to Primary carcinoma of the gall bladder 1/2
Due to 4 of
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy Same

8. AGE: Years 59 Months 1 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business self

12. Name John Aylward 11

13. Birthplace Ireland 7
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Cunningham

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

16. (a) Informant Mrs. V. Kieffer

(b) Address No. 7 Elm Avenue

17. (a) Burial (b) Date thereof 2/6/48
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Joseph J. Howard
(b) Address 1619 So. Grand

19. (a) 2-7-48 (b) Geoffrey
(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) (c) Means of injury _____
23. Signature W. D. Webster (M. D. or other) MD
Address Webster Street Mo Date signed 2-4-48

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

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

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.....

Joseph A. Howard

Licensed Embalmer No.....

4139

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.