No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7459

FILED MAR 3 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 532

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether

In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Manchester (If outside city or town limits, write "RURAL")

(d) Street No. rural (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marcella White

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased May (Month) 30 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	6	23	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Peter Colgan

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

MOTHER

14. Maiden name Ann ODonnald

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

16. (a) Informant Mrs. E. Bach

(b) Address 3527 Connors-St. Louis County

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ St. Peters Cemetery

18. (a) Signature of funeral director Meyer-Pfitzinger Fun. Dir. Inc.

(b) Address Kirkwood, Mo.

19. (a) 2-25-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 22nd, 1948, to February 23, 1948 that I last saw her alive on February 23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to 93d	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 R. N. Jansen (M. D. ~~or other~~)

Address Manchester Mo Date signed 2-24-48

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 William H. Petringer

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.