S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 3717

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2002

State File No. 38914

Registrar's No. 2581

6
3
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1640 Quendo 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1640 Quendo Avenue 5
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mary Emma Irwin

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Clarence E. Irwin, Dec.

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

7. Birth date of deceased Dec. (Month) 3 (Day) 1858 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 89 | 11 | 2 | ..... hr. ..... min. |

9. Birthplace Butler Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Wm. G. Stoughton
13. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Jane Wick
15. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie I. Henderson

(b) Address 1640 Quendo Ave. U. City.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11- (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar

19. (a) 11-6-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1948 hour 3 minute 12 P M.

21. I hereby certify that I attended the deceased from Oct 30, 1948 to Nov 5, 1948
that I last saw her alive on Nov 5, 1948
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: degenerative heart disease c̄ cardiac decompensation | 1 wk |
| Due to ..... | |
| Due to ..... | |
| Other conditions: Bronchopneumonia both lower lobes, hypostasis (Include pregnancy within 3 months of death) | 1 wk |

107

Major findings:
Of operations .....
Of autopsy .....

93 D

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 .....

23. Signature Bernard M. Kraus (M. D. or other) MD

Address 3701 Grandel Sq. Date signed 11-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. M. Kraus.
3701 Grandel Square.
Hours 12 - 3 P.M.
JE. 4430

## 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 Jas. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6173 Delmar

**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.