

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8815**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.	c. LENGTH OF STAY (in this place) _____	3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5826 Maple Ave.		d. STREET ADDRESS (If rural, give location) 5826 Maple Ave	

3. NAME OF DECEASED (Type or Print) Margarette			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH Oct. II 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19 - 87		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 24 HRS. Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Godfrey Illinois			12. CITIZEN OF WHAT COUNTRY? _____		

13a. FATHER'S NAME Michael Curran		13b. MOTHER'S MAIDEN NAME Bridget MC Cormack		14. NAME OF HUSBAND OR WIFE Eugene	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Kintz, 5826 Maple Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, bowel - Metastases				2 yrs +	
		ANTECEDENT CAUSES Liver.					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Operation about Sept. 1st. Dr. Glennon Conditions contributing to the death but not related to the disease or condition causing death. Admitted hospital for bowel obstruction.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Flor Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1.53X	

22. I hereby certify that I attended the deceased from **Sept 28, 1949**, to **Oct. 11, 1949**, that I last saw the deceased alive on **Oct 6, 1949**, and that death occurred at **II 58 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Godfrey Kintz, M.D.		23b. ADDRESS 809 Hamilton Blvd. St. Louis 12 Mo		23c. DATE SIGNED 10-12-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/15/49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. OCT 13 1949		REGISTRAR'S SIGNATURE J. B. Linsater	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. P. Stuart 1225 Union

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Robert M. Gray*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.