

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42563**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9637**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>27</b> OR TOWN <b>WILMINGTON</b> <b>VINITA PARK</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>8343 WASHINGTON AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>MARIE</b>	a. (First)	b. (Middle)	c. (Last) <b>MCNAMARA</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11/12/50</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 14, 1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN H. VARWIG</b>	13b. MOTHER'S MAIDEN NAME <b>GRACE KEHR</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN J. MCNAMARA</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN J. MCNAMARA</b> ADDRESS <b>8343 WASHINGTON ST.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured aneurysm of basilar artery of brain.</b> ANTECEDENT CAUSES <b>Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>10 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>321X</b>
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22. I hereby certify that I attended the deceased from **Oct. 1, 1950**, to **Nov. 12, 1950**, that I last saw the deceased alive on **Nov. 12, 1950**, and that death occurred at **5A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>461 No. Taylor</b>	23c. DATE SIGNED <b>11/13/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11/15/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>[Signature]</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b> ADDRESS <b>4600 NATURAL BRIDGE AVE</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Robert J. ...*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4366*

P. O. Address *House MD*

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.