REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2/1

Do not use this space. 23789

791

1003

6483

1. PLACE OF DEATH
   (a) County ..... Registration District No. 1003
   (b) Township ..... Primary Registration District No. ..... Registered No. 6483
   (c) City St. Louis, (d) Street No. 4959 Magnolia St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Gertrude Hennessy 520
   (a) Residence, No. 4959 Magnolia St. 13
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	3	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. teacher
9. Industry or business in which work was done, as saw mill, bank, etc. music
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

FATHER
13. NAME Michael Hennessy 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Sarah Keohe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) James Hennessy 4959 Magnolia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 7-21-38, 19

19. FUNERAL DIRECTOR (NAME) Southern Ind. Co. (ADDRESS) 6322 S. Grand Blvd.,

20. FILED JUL 20 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1938, to July 19, 1938
I last saw her alive on July 19, 1938. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Cardiac Disease
Valvular & Muscular

Date of onset

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Henry A. Hassett, M. D.
(Address) 607 N. Grand Bl

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14028

Dr Harvey

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, ...

Wilson Collins, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St. Louis, 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, above space should be left blank.