

REC'D FEB 10 1939

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

631
Do not use this space.

1. PLACE OF DEATH

(a) County 2
(b) Township 1
(c) City St. Louis
(c) Length of residence in city or town where death occurred 77 yrs. 0 mos. 0 da.

Registration District No. 791
Primary Registration District No. 1003

Registered No. 631

(d) Street No. 2519 Mullanphy St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary E Grady

(a) Residence, No. 2519 Mullanphy St. St. 20
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/15/1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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

13. NAME William Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Ann Shea

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Ann Bub
2519 Mullanphy St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cent DATE 1/21/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harrigan & Sheahan Und
4415 Washington Blvd.

20. FILED JAN 20 1939
J. B. Beck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Jan 11, 1939.
I last saw him alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 8:25 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive (Death Extension) Arteriosclerosis
Date of onset
Other contributory causes of importance:
Acute Myocardial Infarction
Coronary Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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, specify _____
(Signed) W. F. Keener M.D.
(Address) 2206 Howard St

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.

2908-2

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 J. G. Sullivan
Licensed Embalmer No. 1122

P. O. Address.....

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.