AR 7 1939

REC'D APR 7 1939

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

12367
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Normandy
(c) City Wellston
Registration District No. 784
Primary Registration District No. 200
Registered No. 40
(d) Street No. 6143 Plymouth Ave., 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 Patrick McElligoht
(a) Residence, No. 6143 Plymouth Ave., St.
(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: Male
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 Mary McElligoht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1863.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Moterman
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) Ireland

FATHER
13. NAME Patrick McElligoht Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Hanna Feeley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Jos. W. Clark Adm., 1125 Hodiamont Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Mar. 8/39, 19

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, 1125 Hodiamont Ave.

20. FILED MAR 7 1939 R. R. Meyer M.D. Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6/39, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to March 6, 1939
I last saw alive on March 6, 1939. Death is said to have occurred on the date stated above, at 8.30 A.M.
The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

Carotid Renal disease

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? NO

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 None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fenis O'Neill, M. D.
(Address) 6125 Bertrand
St Louis Mo

WHITE PERMANENT, 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 X12804

Dr. P.J.Rilley

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

I. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jos. W. Clark

Licensed Embalmer No. I66I.

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.)