

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

20696
Do not use this space.

JUL 12 1939

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **Alexian Bros. Hospital** 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

(a) Residence, No. **600 Thomas Maher** 3933 S. Broadway St. **24**
(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) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **? ? 1865**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 Approx.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**

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) **Iowa**

13. NAME **Michael Maher**

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

15. MAIDEN NAME **Catherine Gilfoil**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York, New York**

17. INFORMANT (ADDRESS) **Robert Maher**

18. BURIAL, CREMATION, OR REMOVAL **S.S. Peter & Paul Cmt. 6/23/39**

19. FUNERAL DIRECTOR (ADDRESS) **Weick Bros. Und. Co. 2201 S. Grand Bl.**

20. FILE **JUN 22 1939** **J. D. Weick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 19, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1920** to **June 19, 1939**

I last saw him alive on **June 19, 1939** Death is said to have occurred on the date stated above, at **4:13 p.m.**

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage - pial

Date of onset

Other contributory causes of importance:

Terminal Dementia

Name of operation 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) **W. M. M. M.** M. D.

(Address) **325 3rd St. Bldg. St. Louis**

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.

STATEMENT BY LICENSED EMBALMER

I, Harry S. Stewart, Licensed Embalmer No. 3722

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Harry S. Stewart

Licensed Embalmer No. 3722

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.)