

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 8-17-39

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27546**

REC'D SEP 14 1939 **791**
1008

Registrar's No. **7046**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
3648 Palm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME MARY THERESA MCNAMARA

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm F. McNamara 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 9 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 3 If less than one day _____
hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Ennis

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lynam

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary McNamara

(b) Address 3648 Palm St

17. (a) burial (b) Date thereof 8-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. Thon R. O. U. Co.

(b) Address 2707 N. Grand St.

19. (a) AUG 14 1939 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **10**
(If outside city or town limits, write "RURAL")
(d) Street No. 3648 Palm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1939 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 3, 1927, to Aug 12, 1939
that I last saw h. alive on Aug 8, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic myocarditis
Chronic interstitial nephritis

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. A. Thomson (M. D. or other) _____

Address 312 1/2 Grand Date signed 8/14/39

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 Paul F. Krollenberg
Licensed Embalmer No. 2631
P. O. Address 2707 N. Grand

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.