V. S. No. 2
M—11-10-39
rev. 5-17-39
I X21492

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

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8729

Registration District No. 791 1 Primary Registration District No. 1003 Registrar's No. 2212

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: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 4717 Plover Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Michael F. Begley

3. (b) If veteran, name war No

3. (c) Social Security No. 489-03-2411

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Hammermeyer Begley

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept (Month) 8 (Day) 1908 (Year)

8. AGE: Years 31 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business —

MOTHER FATHER

12. Name Michael Begley

13. Birthplace Ireland (City, town, or county) 5 (State or foreign country)

14. Maiden name Bridget Hartigan

15. Birthplace Ireland (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs Marie Begley

(b) Address 4717 Plover Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAR 5 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1940 hour 11 minute 10a M.

21. I hereby certify that I attended the deceased from 11-17, 1939, to 3-4, 1940 that I last saw him alive on 3-4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of sigmoid colon	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Exploratory	
Of autopsy: as above	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address 5054 [illegible] Date signed 3-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382.

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.