MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
— BUREAU OF THE CENSUS —

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8745

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 2228

1. PLACE OF DEATH:

(a) County 5316 Cote Brilliante

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 5316 Cote Brilliante (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Mary Cleary

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased don't know (Month) 1871 (Day) (Year)

8. AGE: Years 69 Months don't know Days If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 6 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Thomas Graham
13. Birthplace Ireland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Nora Welsh
15. Birthplace Ireland (City, town, or county) 5 (State or foreign country)

16. (a) Informant's own signature Thomas F. Graham

(b) Address 5316 Cote Brilliante

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from April 21, 1931 to Mar. 4, 1940 that I last saw her alive on March 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular-Renal disease, generalized arteriosclerosis, chronic interstitial nephritis, chronic Hypertension, senile dementia,	
Due to chronic arthritis involving all large joints, all senile type	????
Due to Secondary: Uremia	4 mo.
Uremic coma	4 weeks
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other)

Address 3718 Jennings Rd. Date signed 3/5/40

(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. William Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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.