13 1940

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. 12332

FILED APR 8 1940

Registration District No. 784 A 1183 468

Primary Registration District No. 104

Registrar's No. 511

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 149 N. Elizabeth Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days) 650

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson (If outside city or town limits, write "RURAL")

(d) Street No. 149 N. Elizabeth Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME Ellen E. Gerahty,

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 27 (Day) 1855 (Year)

8. AGE: Years 84 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Madison (City, town, or county) Indiana (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Connor Gerahty
13. Birthplace Galway (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget Jennings
15. Birthplace Galway (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Ella Gerahty

(b) Address 149 N. Elizabeth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Madison Indiana

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) MAR 13 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1940 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 21st, 1940, to March 12th, 1940; that I last saw her alive on March 11th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia (Lobar)	
Due to Fract. of Left hip	
Due to Fall Infirmity of Old age (85)	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

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? At home (City or town) Ferguson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Al Leggat (M. D. or other)

Address 25 S. Florissant Ferguson Mo Date signed 3/12/40

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.