

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: 6224 Pershing Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Ann Regan. **250**

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 Unknown. **1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 Unknown. hr. min.

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

10. Usual occupation At Home. **5**

11. Industry or business **1**

12. Name Patrick Regan. **5**

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

14. Maiden name Mary Canill. (State or foreign country)

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

16. (a) Informant Mrs. Catherine Donnelly.

(b) Address 6224 Pershing Ave.

17. (a) Burial (b) Date thereof 7-13-40
(Burial, cremation, or removal) (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) JUL 12 1940 (b) J. P. ...
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis, Mo. **5**
(If outside city or town limits, write "RURAL")
(d) Street No. 6224 Pershing Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th.
year 1940 hour 9.00 minute A. M.

21. I hereby certify that I attended the deceased from 8-15 August
15th 1939, to July 10, 1940;
that I last saw her alive on July 9, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Thrombosis

Due to Hypertension and Arteriosclerosis

Other conditions Mitral insufficiency
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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? None
(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 J. P. ... (M., D. or other)
Address 1259 N. Kings Highway Date signed 8-11-40

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

MOTHER FATHER

1259 N. Kingsbury
1-3 (R)

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Luella Blvd

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.