DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30058

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 7335

1. PLACE OF DEATH:

(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis 7 (If outside city or town limits, write "RURAL")
(d) Street No. 6155 Dalite (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MAY CONDON
3. (b) If veteran, name war None
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 Thomas
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Jan 31, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	6	29	hr. — min.

9. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife 0
11. Industry or business
FATHER
12. Name Thomas McCaffrey 0
13. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Holmes
15. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Thomas Condon
(b) Address 6155 Dalite
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director J. J. Dunn
(b) Address 1389 Union Blvd
19. (a) SEP 1 1940 (Date received local registrar) (b) J. B. Gosch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th year 1940 hour minute M.
21. I hereby certify that I attended the deceased from Feb. 1940 to Aug. 29, 1940 that I last saw her alive on Aug. 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism — Duration
Due to Toxic nephritis Sudden of Pregnancy with hypertension 6 Months
Due to
Other conditions Spontaneous delivery at 7 months on
(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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 844 (Specify type of place)
While at work? (e) Means of injury
23. Signature Pistes Tulsolo (M. D. or other)
Address 462 N. Taylor Ave Date signed 8/31/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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. B W Fuson

Licensed Embalmer No. 1591

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.