

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34209

State File No.

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

8906

## 1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME John Begley3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Irene 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased April 24th, 1908  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 6 4 hr. min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Supervisor Street Dept11. Industry or business City Employee12. Name John J Begley13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)14. Maiden name Mary McCoy15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Drene Begley(b) Address 2222 University St.17. (a) Burial (b) Date thereof 11/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemt18. (a) Signature of funeral director Harrigan & Sheehan Und Co(b) Address 601 294415 Washington Blvd19. (a) (Date received local registrar) (b) J. H. Predeck  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2222 University St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. Life years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28,  
year 1940 hour 11:50 minute A. M.21. I hereby certify that I attended the deceased from September 23, 1940 to October 28, 1940;  
that I last saw him alive on October 28, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia, TuberculosisDue to Pneumonia, TuberculosisDue to Pneumonia, Tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(e) Means of injury

23. Signature Harold Freedman MD (M. D. or other)Address 1515 Lafayette Avenue Date signed 10/29/40

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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

**If this body is not embalmed, fact should be so stated above.**