No. 2 11-10-39 -17-39	DEPARTMENT OF COMMERCE STANDARD CERTIF	BOARD OF HEALTH 36445 / State File No
-17-39 [X21492	Registration District No. 284 Primary Registration Dist	
V S WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	1. PLACE OF DEATH: (a) County	2. USUAL RESIDENCE OF DECEASED: (a) State. Missouri (b) County St. Louis (c) City or town. Wellston (If outside city or town limits, write "RURAL") (d) Street No. 6475 Whitney Ave. (If rural, give location) (e) If foreign born, how long in U. S. A.? 50 years.
	3. (a) PRINT	20. DATE OF DEATH: Month October day 22 year 1940 hour 9 minute, 20 Pm. 21. I hereby certify that I attended the deceased from Oct 1 38 Col 22, 1940 to 1940 to 1940 and that I last saw h 1m alive on Oct 22 1940 and that death occurred on the date and hour stated above. Immediate cause of death Content of Penson has Duration
	8. AGE: Years Months Days If less than one day 77 3 24 hr. min. 9. Birthplace Ireland 5 (City, town, or county) (State or foreign country) 10. Usual occupation Track Foreman. (Retired) 11. Industry or business Railroad 5 12. Name John Dooley 13. Birthplace Ireland (City, town, or county) (State or foreign country) 6 14. Maiden name (City, town, or county) 7 14. Maiden name Ireland	Due to Services Other conditions (Include pregnancy within 3 months of death) Major findings: Of operations Underline the cause to which death of autopsy. Should be charged statistically.
	S 16. Birthplace. (City, lown, expounty) (State or foreign country) 16. (a) Informant X (b) Address (Burial (Burial or cremoval) (c) Place: burial or cremotion (d) Address (e) Place: burial or cremotion (f) Address (h) Address (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? While at work? (Specify type of place) (Chanty) (State) (Specify type of place) (County) (State) (Specify type of place) (A) Means of injury 23. Signature (M. D. or other) Address 532 (Bantanee) Date signed

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			STATEMENT BY LICENSED EMBALMER				
I hereby	certify that the	body whose nam	e is recorded on the reverse side of this certificate w	vas embalmed	by me, or by	· ·	·

Signed Mely

P.O. Address 1125 Hodiamont Ave

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.