

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3-Weeks**
In this community **50 Years** (Specify whether years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis** **12**
(If outside city or town limits, write "RURAL.")
(d) Street No. **# 40 N. Kingshighway Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **30th.**
year **1940** hour **4** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **Oct. 5**, 19**40**, to **Oct. 30**, 19**40**;
that I last saw **her** alive on **Oct. 30**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ac. Myocarditis** **3 weeks**
Due to **Carcinoma of breast** **2 yrs.**

Other conditions **50**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury **1**

23. Signature **Edwin P. McInerney** (M. D. or other)
Address **6657 Fairlight Ave** Date signed **10-30-40**

3. (a) PRINT FULL NAME **Mary T. Durkan**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Richard Durkan** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 11, 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 3 19 hr. min.

9. Birthplace **Ind.** **1**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home** **✓**

11. Industry or business **5**

12. Name **William Donaghoe** **r**

13. Birthplace **Ireland** **5**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dennis**

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

16. (a) Informant **Richard K. Durkan**
(b) Address **Parkview Hotel**

17. (a) **Burial** (b) Date thereof **11-2-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

19. (a) **NOV 1 1940** (b) **J. B. B...**
(Date received local registrar) (Signature)

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

MOTHER FATHER

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 W. H. Van Matre.....

Licensed Embalmer No. 2825.....

P. O. Address 4340 Lafayette.....

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.