

2
3-40
7-39
K23159

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9370

1. PLACE OF DEATH:

(a) Locality _____

(b) City or town ST. LOUIS

(c) Name of hospital or institution: 4239 DELOR, ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 YEARS
years, months or days

3. (a) PRINT FULL NAME MARY GRACE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>3</u>	<u>26</u>	hr. min.

9. Birthplace MISSISSIPPI U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name PATRICK CAHILL

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

14. Maiden name ANNA CARLETON

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

16. (a) Informant PATRICK GRACE

(b) Address 2910 WOODSON RD. OVERLAND, MO.

17. (a) BURIAL (b) Date thereof Nov. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Phos. Kutscher

(b) Address 2906 Groves, Gre.

19. (a) NOV 14 1940 (b) J. B. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST. LOUIS 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4238 DELOR ST
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 13
year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11/11/1940
~~11/12~~ 1940 to 11/12 1940
that I last saw her alive on Nov 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature John D. Wellman (M. D. or other) _____

Address 2906 Groves Date signed 11/14/40

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

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 Geo. Budde, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3989

P. O. Address St. Louis,

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, fact should be so stated above.