

Registration District No. 1940 784

Primary Registration District No. 111

Registrar's No. 2730

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Elizabeth McCready

3. (b) If veteran, name war No.

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John McCready

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

7. Birth date of deceased March 14, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	12	hr. <u> </u> min. <u> </u>

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Albert Coffin

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

14. Maiden name Harris

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

16. (a) Informant Albert McCready

(b) Address 6224 Derby Ave.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Nov. 28/40
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) NOV 27 1940 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co.

(c) City or town Wellston Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 6224 Derby Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1940 hour 3 minute 30A.M.

21. I hereby certify that I attended the deceased from Oct 23, 1940, to Nov 26/40, 1940; that I last saw her alive on Nov 25 - 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Cardio Renal Disease

Due to 95%

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 None

(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 kind of place) (e) Manner of injury

23. Signature [Signature] (M. D. or other) M.D.

Address 6125 Barbara Date signed 11/26/40

Dr. P. J. Reilly

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. 3225

P. O. Address..... 1125 Hodiament AV

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.