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-39  
K23159

**FEB 25 1941**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **629**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**4034 WASHINGTON AVE!**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community \_\_\_\_\_)

**St. Anne's City Hospital #1**

3. (a) PRINT FULL NAME **MARGARET FITZGERALD**

3. (b) If veteran, name war **NONE**

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 **JOHN**

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

7. Birth date of deceased: **JAN 23 1870**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **27**

If less than one day: hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **HOUSE WORK**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **SIMON MURRY**

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

14. Maiden name **BRIDGET CROWLEY**

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

16. (a) Informant **Harry Fitzgerald**

(b) Address **4638 E. Adams**

17. (a) **BURIAL** (b) Date thereof **JAN 22 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **William Kelly**

(b) Address **1416 N. Taylor**

19. **JAN 21 1941** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**

(c) City or town **ST. LOUIS** **1917**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4034 WASHINGTON** **9**  
(If rural, give location)

**No Attending Physician**  
(Recorded here how long in U.S.A. \_\_\_\_\_ years)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **19**  
year **1941** hour **10:10** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Arteriosclerosis**

Due to \_\_\_\_\_

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

Major findings: **gk b**  
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 \_\_\_\_\_

23. Signature **Thomas F. Callinan** (M.D. or other) **S**  
Address **Deputy Coroner** Date signed **1/24/41**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Clement McNeary*

Licensed Embalmer No.

*37302*

P. O. Address

*St. Louis*

**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.**