

4-13-40
-17-39
X23159

MED 4407 25 1947 9 1 1
Registration District No. **911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3115 Vine Grove 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 _____?
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1710
(If outside city or town limits, write "RURAL")
(d) Street No. 3115 Vine Grove Ave. 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

JAMES H. McNAMARA

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Powers McNamara

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased September 26, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 4 15 hr. min.

9. Birthplace Lewiston, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (Police Dept)

11. Industry or business St. Louis, Mo.

12. Name Patriok McNamara

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

14. Maiden name Unknown

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

16. (a) Informant Miss Florence McNamara
(b) Address 3115 Vine Grove Ave.

17. (a) Burial (b) Date thereof Feb. 13, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Wm. H. Schumacher
(b) Address 4834 Natural Bridge.

19. (a) FEB 13 1941 (b) J. H. Budeck
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from April
1940 to Feb 10 1941,
that I last saw him alive on Feb 9, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____
Chronic Nephritis
no calculus

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930
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)
(c) Means of injury _____
23. Signature J. F. Brecker (M. D. or other) _____
Address 2901 W. Newstead Date signed 3/13/41

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

00
7
9

2901 N. ...
506400. 11:30-1:30

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.....

John J. Fetter

Licensed Embalmer No. 3880

P. O. Address.....

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.