

2-40  
-39  
23185

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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

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: Desloge Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months.  
(Specify whether years, months or days)

In this community 45 Years.

3. (a) PRINT FULL NAME McGurn, Bridget

3. (b) If veteran, name war None

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Patrick McGurn.

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

7. Birth date of deceased February 12th, 1876.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace 4 Ireland.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

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

12. Name Unknown. Hurley.

13. Birthplace 4 Ireland.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace 4 Ireland.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Patrick J. McGurn.

(b) Address 5573 Powers Ave.

17. (a) Burial. (b) Date thereof 2-18-41  
(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) FEB 17 1941 (b) J. W. 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.  
(If outside city or town limits, write "RURAL")

(d) Street No. 5573 Powers Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 Years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1941 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8 1940 to Feb. 15 1941;  
that I last saw her alive on Feb. 15 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia

Due to Abdominal Carcinomatosis

Due to Carcinoma of Gallbladder

Other conditions Senile Arterio-sclerosis

Major findings:  
Of operations Generalized Abdominal Carcinomatosis  
Of autopsy Same from Gallbladder + Arteriosclerosis.

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) (c) Means of injury

23. Signature John M. McCaughey (M. D. or other) MD  
Address 1412 Belmont Blvd. Date signed Feb 17, 1941

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**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:

*Stanley Marshall*

Licensed Embalmer No.

*2868*

P. O. Address

*3840 Lunde*

**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.**