

LEU MAR 25 1941

State File No.

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **1919**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

(b) City or town **St. Louis**

(c) Name of hospital or institution: **City Sanitarium 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **29yrs. 11 mo. 19 days**
59yrs. (Specify whether years, months or days)

In this community **59yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **100 13 AR**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
St. Hospital-Farmington, Mo.

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

3. (a) PRINT FULL NAME **MARY SHAUGHNESSY**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **Aug. 7, 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	6	1	hr. min.

9. Birthplace **Unknown** **New York /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Housework**

12. Name **George Tapton**

13. Birthplace **Unknown** **New York /**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary -**

15. Birthplace **Unknown** **New York /**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Smith**
(b) Address **5400 Arsenal St**

17. (a) (b) Date thereof **2-13-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **W. R. ...**
(b) Address **3000 Ridge**

19. **FEB 28 1941** (Date received local registrar) (b) **J. W. ...** (Registrar's signature)

20. DATE OF DEATH: Month **Feb.** day **8** year **1941** hour **5:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 1st 1940**, 19... to **Feb. 7th 1941**; that I last saw her alive on **Feb. 7 1941**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **7-1-40-x**

Due to **Senility** **7-1-40-x**

Due to **Senility** **7-1-40-x**

Other conditions **NO**

Major findings: Of operations **NO**

Of autopsy **NO**

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 **W. R. ...** (M. D. or other) Address **5400 Arsenal St.** Date signed

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

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

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.

..... 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.