

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

Registration District No. **784**

Primary Registration District No. **104**

Registrar's No. **325**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Ferguson**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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

3. (a) PRINT FULL NAME **Mary Gerahy**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb. 15 1856**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 26 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
 12. Name **Connor Gerahy**
 13. Birthplace **Galway Ireland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Bridget Jennings**
 15. Birthplace **Galway Ireland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lelia Gerahy**
 (b) Address **149 Elizabeth Ave. Ferguson**

17. (a) **Removal** (b) Date thereof **2-12-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Madison, Indiana**
Cullinane Bros.

18. (a) Signature of funeral director _____
 (b) Address **1710 N. Grand Blvd.**

19. (a) **FEB 12 1941** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Ferguson**
 (If outside city or town limits, write "RURAL")
149 Elizabeth Ave.
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10**
 year **1941** hour **4:30** minute _____ P. A. M.

21. I hereby certify that I attended the deceased from
January 26, 1941 to **February 10, 1941**;
 that I last saw her alive on **February 10, 1941**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Cardio-Vascular Renal disease, Senile type, Extreme Emaciation**
Secondary: IaGrippe, Bronchitis, followed by Fibrinous Pneumonia, left side, Myocardial Failure, Toxemia, Inanition
 Other conditions **None**
 (Include pregnancy within 3 months of death)

Duration
About 1 mo.

Major findings:
 Of operations **-- 13/a**
 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 **[Signature]** (M. D. or other) **D**
 Address **3718 Jennings Rd.** Date signed **2-11-41**

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.....

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.