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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33263

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8218

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 11 521

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3536 Page Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME James Geaghan

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

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

7. Birth date of deceased ~~Unknown~~ JUNE-6-1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 5 If less than one day ___ hr. ___ min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address 1515 Lafayette Avenue, St. Louis, Missouri.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-16-41
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave

19. (a) OCT 16 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13, year 1941 hour 4:35 minute P. M.

21. I hereby certify that I attended the deceased from September 16, 1941 to October 13, 1941; that I last saw him alive on October 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess. B.L.L. non-T.B.

Due to Basal cell CA. Rt. cheek, external

Generalized arteriosclerosis

Due to Chronic nephrosclerosis

Other conditions
(Include pregnancy within 3 months of death) 53

Major findings:
Of operations

Of autopsy as above 52

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. M. Petersen (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 10/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 Glenn E. Anderson

Licensed Embalmer No. 4141

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.