

FILLED NOV 24 1941 791

Primary Registration District No. 1003

Registrar's No. 8224

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4034 Moffitt 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

3. (a) PRINT FULL NAME..... VIOLA M. DUFFY

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

7. Birth date of deceased May 5th 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 5 9 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Philip Mc Cormack

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dolan

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Duffy Jr.

(b) Address 4034 Moffitt Ave

17. (a) Burial (b) Date thereof Oct 17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Higgins

(b) Address 1389 Union Ave

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County.....

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

(d) Street No. 4034 Moffitt Ave
(If rural, give location)

(e) If foreign born, how long in U.S. & territory..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14th
year 1941 hour 6:30 minute 00 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion

Coronary Sclerosis

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

Major findings:
Of operations.....

Of autopsy.....

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 Thomas J. Callahan (M. D. or other).....
Address Deputy Coroner Date signed 10/16/41

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

80
00
17
9

000
19
9
0 11

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

20-7547

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

Clement McNear

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.