

FILED FEB 24 1942  
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:  
3724a Cozens Ave. 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 3724a Cozens Ave. 0  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Joseph Geraghty

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased: November 16 1864  
(Month) (Day) (Year)

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

77	1	27	hr. min.
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9. Birthplace Madison Indiana 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business Retired

MOTHER FATHER { 12. Name Thomas Geraghty

13. Birthplace Ireland 4  
(State or foreign country)

14. Maiden name Bridget Geraghty

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

16. (a) Informant..... (b) Address 3724a Cozens Ave.

17. (a) Burial (b) Date thereof 1-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

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

19. (a) JAN 14 1942 (b) J. J. Buresch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12  
year 1942 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from....., 1942, to....., 1942;  
that I last saw him alive on Jan 12, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus

Due to Myocarditis - Chronic

Other conditions..... (Include pregnancy within 3 months of death) 930

Major findings: Of operations..... 930

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 Thos M Davis 0 (M. D. or other)  
Address 242 E. 71. Grand Date signed 1/13/42

600  
19  
9

Duration  
2 day

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

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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 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.**