

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

Registrar's No.

476

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5717 Labadie 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 Robert J. McDonough.

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie McDonough. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 3, 1899.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 10 11 hr. min.

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

10. Usual occupation Cable Splicer.

11. Industry or business.....

12. Name Myles McDonough.

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

14. Maiden name Catherine McDonough.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Marie McDonough.

(b) Address 5717 Labadie Ave.

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

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Colthur J. Honnelly

(b) Address 3840 Lyndell Blvd.

19. (a) Jan 18 1942 (b) J. J. Prodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 5717 Labadie Ave. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th.
year 1942 hour 3. minute 30 P.M.

21. I hereby certify that I attended the deceased from 2-14-41
..... 19 to 1-14-42 19
that I last saw him alive on 1-13-42 19
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Recurrent aortic aneurysm
Syphilitic
Due to Chronic endocarditis

Due to.....
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 Harold W. ... (M.D. or other) M.D.
Address 5024 N. Union Date signed 1-16-42

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

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

000
19
9

Dr Henry Keller
5074 92
11-12

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.