

Registration District No. **791**

Primary Registration District No. **1003**

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:
1723 Marcus 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 **50 years** years, months or days)

3. (a) PRINT FULL NAME **Margaret Hennessy**

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

4. Sex **female** 5. Color or race **white**

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

6. (b) Name of husband or wife **James Hennessy** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 12, 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **2** If less than one day
hr. min.

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

10. Usual occupation **home**

11. Industry or business.....

MOTHER FATHER { 12. Name **William Lee**

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

{ 14. Maiden name **Nellie Casey**

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

16. (a) Informant **Catherine Hennessy**
(b) Address **1723 Marcus Ave.**

17. (a) **burial** (b) Date thereof **Feb. 17, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Harrigan-Sheahan**
(b) Address **4415 Washington Blvd.**

19. (a) **FEB 16 1942** (b) **J. G. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **6 000**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **1723 Marcus Ave.** **9**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **14th**
year **1942** hour **1:30am** minute..... M.

21. I hereby certify that I attended the deceased from **Jan 6** to **Feb 14**
that I last saw **her** alive on **Feb 13** and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chorea Stenosis

Due to.....

Due to.....

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

Major findings: Of operations.....

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 **J. G. Bredeck** (M. D. or other) **Dr. D.**
Address **1446 So. Grand** Date signed **2/16/42**

Dr. K. S. V. V.
1446 S. Broadway Ave.

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..... *Horner W. Dritz*
Licensed Embalmer No. *3882*
P. O. Address.....

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.