

FILED MAR 17 1942

State File No. 1022  
 Registrar's No.

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:  
**2712 Semple 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..... **25 yrs.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... **MO** (b) County..... **6000**  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2712 Semple Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? **es** (Yes or No)  
 If yes, name country..... **50yrs**

3. (a) PRINT FULL NAME..... **Johanna Jones**  
 3. (b) If veteran, name war..... **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan** day **31st**  
 year..... **1942** hour **12:35** minute..... **PM** M.

4. Sex..... **Female**  
 5. Color or race..... **White**  
 6. (a) Single, widowed, married, divorced..... **Widowed**  
 6. (b) Name of husband or wife..... **James L.**  
 6. (c) Age of husband or wife if alive..... **Decd** years  
 7. Birth date of deceased..... **Dec 22nd. 1878**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 5<sup>th</sup>** 19**42** to **Jan 31<sup>st</sup>** 19**42**  
 that I last saw him alive on **Jan 27<sup>th</sup>** 19**42**  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>1</b>	<b>7</b>	..... hr. .... min.

Immediate cause of death..... **Diabetes**  
 Due to.....  
 Due to.....

9. Birthplace..... **Ireland**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... **Housewife**  
 11. Industry or business..... **At Home**  
 12. Name..... **Michael Meehan**  
 13. Birthplace..... **Ireland**  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... **Mary Hogan**  
 15. Birthplace..... **Ireland**  
(City, town, or county) (State or foreign country)

Other conditions..... **6/1**  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

16. (a) Informant..... **Mary Jones**  
 (b) Address..... **2712 Semple Ave.**  
 17. (a) **Burial**  
(Burial, cremation, or removal) (b) Date thereof **2/3/42**  
(Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Calvary Cent**  
 18. (a) Signature of funeral director..... **Harrigan & Sheahan Und Co**  
 (b) Address..... **4415 Washington Blvd.**  
 19. (a) **FEB 2 1942** (b) **J. J. Meddock**  
(Date received local registrar) (Registrar's signature)

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..... **6**  
 23. Signature..... **James A. Wilson** (M. D. or other)  
 Address..... **1588 3/2** Date signed..... **1/31/42**

*Dr. Marden  
5883 Madison*

*W. R. A. Marden*

**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..... *Homer W. Fritz*  
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.**