S. No. 2
M—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4663

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 998

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: Avalon Hotel. 339 No. Taylor 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 70 Years.
years, months or days)

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. 339 No. Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mamie Florence McGivney.

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

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 4. (Day) 1859 (Year)

8. AGE: Years 82 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace New Orleans. (City, town, or county) (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
FATHER
12. Name Peter McGivney.
13. Birthplace Ireland. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Cassidy.
15. Birthplace Ireland. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. P. J. McGivney.
(b) Address Avalon Hotel.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) Feb. (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)
1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31, year 1942. hour 3. minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 25 1942, to Jan. 31st 1942 that I last saw her alive on Jan. 31st 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	2 days
Due to Arterio sclerosis	10 yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MIV
Address 3548 S. Grand Date signed 1/31/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 William 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.