

FILED APR 20 1942
191

Registration District No. _____ 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: ST. JOHNS HOSPITAL 0
(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 17 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3833 SHAW BLV.
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY MARGARET CLANCY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-22-40
1942 to 12-11 1942

that I last saw her alive on April 10 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GERALD CLANCY

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased AUGUST 10 1909
(Month) (Day) (Year)

Immediate cause of death Advanced bilateral pulmonary tuberculosis 2 years

Due to _____

Due to _____

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

8. AGE: Years 32 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation OFFICE WORK

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name PATRICK FLYNN

13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name BRIDGET O'GORMAN

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

16. (a) Informant Gerald Clancy

(b) Address 3833 Shaw Blv.

17. (a) BURIAL (b) Date thereof APRIL 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) APP 15 1942 (b) J. F. Budack
(Date of filing) (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 _____

23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 4/13/42

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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 _____

Jose Bollmer, Registered Apprentice No. _____
working under my personal supervision.

Signed Jose Bollmer
Licensed Embalmer No. 4014
P. O. Address 305 Lafayette Ave.

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.