

FILED APR 8 1942 791

Primary Registration District No. 1003

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:  
3428a Magnolia 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3428a Magnolia Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Della Mc Nally

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Anthony Mc Nally 6. (c) Age of husband or wife if alive Decd. years  
7. Birth date of deceased Nov. 12th. 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 3 26 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name John Mc Shay

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

14. Maiden name Margaret Bunting

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

16. (a) Informant Mrs. George M. Kenzie

(b) Address 3428a Magnolia Ave.

17. (a) Burial (b) Date thereof 3-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 9 1942 (b) J. F. Bueck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.  
year 1942 hour 2.00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1942 to Mar. 8, 1942;  
that I last saw her alive on Mar. 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 6days

Due to Arterio-Sclerosis

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) Means of injury \_\_\_\_\_

23. Signature A. W. Peters (M. D. or other) M.D.

Address 4145 a S. Grand Blvd. Date signed 3/9

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

MOTHER FATHER

Q. W. Peters  
4145 S. Grand  
0910 PL 7733  
2-4

**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

*Robert L. Linkman*

Licensed Embalmer No

*2553*

P. O. Address

*3710 N Grand*

**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.**